

# 2020-21 Congregation Shir Shalom Religious School Individual Student Registration Form

One registration form needed for **each** enrollee in the Religious School K-12 Programs. Return forms and payment to Lori Stalowicz in our business office.

Membership needs to be in *good standing and* tuition **paid in full** for registration to be complete.

\_\_\_ **Place "A"** here if student has food or medication allergies (Add details on page 2)

\_\_\_ **Student's Grade: Fall 2020** Name of K-12 school attending: \_\_\_\_\_

**Prior Hebrew instruction:** No \_\_\_ Yes \_\_\_ If not at Shir Shalom, # years \_\_\_

**Student Name:** \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Last Name First Name Hebrew Name

**Home Address:** \_\_\_\_\_  
Address City State Zip

**Home Telephone:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

**School Attending 9/2020:** \_\_\_\_\_ **School District:** \_\_\_\_\_

**Do you wish mailings to be sent to a parent living in another household?** Yes No  
**Name & Address:** \_\_\_\_\_

**Parent/Guardian Names:** \_\_\_\_\_  
Parent #1- Last Name, First Name Work Telephone

Parent #1 Email: \_\_\_\_\_

Parent # 2 - Last Name, First Name Work Telephone

Parent #2 Email: \_\_\_\_\_

Cell Phone #s: \_\_\_\_\_  
Parent # 1 Parent # 2

*\*Contact information may be used by "Grade Parent" to create email lists.*

<b><u>Important Volunteer Opportunity: Elect to be a Grade Parent!!</u></b>			
<b>(Please check one)</b>	<b>Yes</b>	<b>Yes/If Needed</b>	<b>No</b>
<b>Please consider becoming a class parent. Responsibilities are minimal but it is in the interest of all Religious School families that each grade has a parent representative.</b>			

**Class Placement Requests** - Parent may request placement of their child in class with *one* other student. Please do not list more than one name. Students will be placed together *only if* it is educationally appropriate: **Name of ONE friend:** \_\_\_\_\_