

Congregation Beth Shalom Religious School Registration

Student's Name (Print) _____ Date _____

Last	First	Hebrew	Birth Date
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Student's Address

Number	Street	City	Zip
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Student's Phone Number _____

Parent's or Guardian's Name(s)

Last	First	Relationship	Phone
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Last	First	Relationship	Phone
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In Case of Emergency: (Other than parent listed at numbers listed above)

Last	First	Relationship	Phone
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Last	First	Relationship	Phone
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Student Lives with: **Father** **Mother** **Both** **Other**

Father's Employer: _____ **Work Number** _____

Mother's Employer: _____ **Work Number** _____

Has Student Previously Attended Religious School? _____

Student's Secular Grade For Fall of _____