

PARENTS' NAMES: \_\_\_\_\_

Father's Last, First

Mother's Last, First

FATHER'S MAILING ADDRESS:

Street City State Zip Subdivision

MOTHER'S MAILING ADDRESS:

(if different) Street City State Zip Subdivision

EMAIL ADDRESS(ES): \_\_\_\_\_

FATHER'S OCCUPATION: \_\_\_\_\_ MOTHER'S OCCUPATION: \_\_\_\_\_

PHONE NUMBERS (INCLUDE AREA CODES):

Child's Home # Father's Business # Father's Cell # Mother's Business # Mother's Cell #

THE FOLLOWING CHILDREN ARE BEING ENROLLED:

CHILD'S NAME	BIRTHDATE	GRADE SEPT. 2009	SCHOOL NAME	CHILD'S HEBREW NAME
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- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

WHAT SPECIAL EDUCATION SERVICES, IF ANY, IS YOUR CHILD RECEIVING THROUGH HIS/HER PUBLIC OR PRIVATE SCHOOL?

CHECK IF YOU WOULD LIKE TO BE CONTACTED BY OUR LEARNING CONSULTANT. \_\_\_\_\_

PLEASE DESCRIBE MEDICAL PROBLEMS/DAILY MEDICATIONS, SCHOOL RELATED SOCIAL PROBLEMS (INCLUDING SEPARATION PROBLEMS) BELOW. IF YOU NEED ADDITIONAL SPACE, PLEASE ATTACH A SHEET OF PAPER.

OTHER BROTHERS AND SISTERS NOT BEING ENROLLED:

CHILD'S NAME	BIRTHDATE	GRADE	CHILD'S NAME	GRADE	BIRTHDATE
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PLEASE NOTIFY THE EDUCATION OFFICE IF ANY OF THE ABOVE INFORMATION CHANGES DURING THE YEAR.

PLEASE NOTE:

YOUR CHILD WILL NOT BE CONSIDERED REGISTERED UNLESS THIS FORM IS ACCOMPANIED BY A COMPLETED PERMISSION SLIP, COMPLETED PARENT VOLUNTEER FORM, BRIT DERECH ERETZ AND APPROPRIATE DEPOSIT. TUITION WILL BE BASED ON THE DATE THAT ALL REQUIRED FORMS ARE RECEIVED IN THE OFFICE.