SHOMREI TORAH RELIGIOUS SCHOOL REGISTRATION FORM 2023-2024/5784

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Member	
Non-Member	
No Changes	

LAST NAME	FIRST NAME		GENDER
DATE OF BIRTH	GRADE AS OI	F SEPT 2023	SCHOOL
HEBREW NAME	NO CHANGE	IN INFORMATION	N FROM 2022/2023
MEDICAL/EDUCATIONA	ALHISTORY (All information is k	cept strictly confidenti	al) Please add page(s) as necessary
(1) Does your child ha	ave any special education needs?	Does your child ha	ve an IEP?
(2) Any other pertine	ent information the school should	know about your ch	ild?
Does your child have any sp	pecial health concerns? (Please lis	st Allergies, Medicati	on, etc
SECOND STUDENT INFO	<u>ORMATION</u>		
LAST NAME	FIRST NAME		GENDER
DATE OF BIRTH	GRADE AS OI	F SEPT 2023	SCHOOL
HEBREW NAME	NO CHANG	E IN INFORMATIO	ON FROM 2022/2023
MEDICAL/EDUCATIONA	AL HISTORY (All information	is kept strictly confid	lential) Please add page(s) as necessary.
(1) Does your child ha	ave any special education needs?	Does your child ha	ve an IEP?
(2) Any other pertine	ent information the school should	know about your ch	ild?
Does your child have any sp	pecial health concerns? (Please lis	st Allergies, Medicati	on, etc.)
PARENT NAME (1)		HEBREW NAME_	
ADDRESS	CITY	ZIP	<u></u>
HOME #	CELL #	WOI	RK #
EMAIL			
PARENT NAME (2)		_ HEBREW NAME	(leave blank if info is same as above)
PARENT NAME (2)ADDRESS	CITY	_ HEBREW NAME_ ZIP	
PARENT NAME (2)ADDRESSHOME #	CITY	_ HEBREW NAME_ ZIP WOI	(leave blank if info is same as above)
PARENT NAME (2) ADDRESS HOME # EMAIL	CITY CELL#	_ HEBREW NAME_ ZIP WOI	(leave blank if info is same as above)
PARENT NAME (2) ADDRESS HOME # EMAIL ADDITIONAL RESPONSIBL	CITY CELL#	_ HEBREW NAMEWOI	(leave blank if info is same as above) RK # TIONSHIP
PARENT NAME (2) ADDRESS HOME # EMAIL ADDITIONAL RESPONSIBL HOME #CELL	CITYCELL#E ADULT	_ HEBREW NAMEWOIRELAT	(leave blank if info is same as above) RK # TIONSHIP
PARENT NAME (2) ADDRESS HOME # EMAIL ADDITIONAL RESPONSIBL HOME # CELL In case of emergency, and	CITY	_ HEBREW NAME ZIPWOIRELAT	(leave blank if info is same as above) RK # TIONSHIP
PARENT NAME (2) ADDRESS HOME # EMAIL ADDITIONAL RESPONSIBL HOME # CELL In case of emergency, and Name	CITY	_ HEBREW NAME ZIPWOIRELAT MAILBest way	(leave blank if info is same as above) RK # TIONSHIP an alternative contact person: to Reach:

NO CHANGE IN PARENT(S) INFORMATION FROM 2022/2023___