SOUTH SHORE CHAI HEBREW HIGH SCHOOL 2018-2019

ENROLLMENT APPLICATION

Student's name:				Grade:	
	Last	First	Middle		
Date of Birth:	th Day	/ Year	(Gender:	
Synagogue Affilia	tion:				
Home Address:					
_	Number	Street			
-	Town		Z	Cip Code	
Home phone num	ber #: () _				
Father's name:	(Pease print clearl	y)	Cell #: ()	
Mother's name:	(Pease print clearl		Cell #: ()	
Father's Email add		rint clearly)			
Mother's Email ad	ldress:	• ,			
Student's Email ac	ddress:	<u> </u>			
	(Pease p	rint clearly)			
			I Hebrew High Sch al Hebrew High School)	ool. Enclosed is my tuition	
I would like t enroll.	o try out the fi	rst few sessions	for free and I will d	ecide afterwards if I want to	

Please return your completed application in person or by mail to:

Rabbi Howard Diamond Congregation B'nai Sholom-Beth David Attn: South Shore CHAI Hebrew High School 100 Hempstead Avenue Rockville Centre, N.Y. 11570 (516) 764-4100