

**Congregation Shaar Hashalom  
Religious School  
2019-2020 Student Registration Form**

**Student Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade: \_\_\_\_\_ Hebrew Level: \_\_\_\_\_

Student's Day School: \_\_\_\_\_

Student's e-mail: \_\_\_\_\_

**Family Information**

Parents' Last Name (if different): \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_ E-mail \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_ E-mail \_\_\_\_\_

Step Parent's Name & Cell Phone: \_\_\_\_\_

E-mail \_\_\_\_\_

**Emergency Contact (other than parent):** \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_