



בית חברים

Congregation Beit Haverim

SCHOOL REGISTRATION FORM 2008-2009

Student's Name _____ Date of Birth _____

Address _____

Home Phone _____

Student's Hebrew Name _____

Student's Public School _____ Grade _____

Address _____

What time does child leave school? _____

Are there any learning/medical/behavioral situations of which we should be aware?

Yes No (If yes, please describe on the back of this sheet.)

Is child allergic to anything? Yes No If yes, list allergies _____

Mother's Name _____ Work Phone _____

Cell/Pager _____

Father's Name _____ Work Phone _____

Cell/Pager _____

Person to contact other than parent, if parent can't be reached in an emergency:

Name _____ Phone _____

Address _____ Relationship _____

Family Physician _____ Phone _____

Address _____

Signature of Parent

Date