



Religious School Student Registration Form

2018-2019/5778-5779

Please complete each item of this double-sided form. Do not leave any items blank, doing so will result in the delay of your student's registration and may delay their ability to begin instruction.

First Student Name (Last, First): _____ Circle One: New / Returning
Date of Birth: _____ Age (as of 8/19/18): _____ Grade (as of 8/19/18): _____
Hebrew Name (Transliterated ok): _____
Prior Religious Instruction: Yes / No If yes, name of prior religious school: _____
City: _____ State: _ Religious Affiliation: _____
Years Attended: _____ Current Weekday School: _____
Circle One: Public / Private

Optional Information (for student file and instructional purposes only):
Has student tested as gifted? Yes / No In what areas? _____
(If so, please provide us with a copy of their FL public school IEP or other documentation – *optional*)
Has student tested as special needs? Yes / No Diagnosis: _____
(If so, please provide us with a copy of their FL public school IEP or other documentation – *optional*)
Does your student have any allergies or health conditions that you would like us to be aware of? Yes / No
Please explain if necessary: _____

Second Student Name (Last, First): _____ Circle One: New / Returning
Date of Birth: _____ Age (as of 8/19/18): _____ Grade (as of 8/19/18): _____
Hebrew Name (Transliterated ok): _____
Prior Religious Instruction: Yes / No If yes, name of prior religious school: _____
City: _____ State: _ Religious Affiliation: _____
Years Attended: _____ Current Weekday School: _____
Circle One: Public / Private

Optional Information (for student file and instructional purposes only):
Has student tested as gifted? Yes / No In what areas? _____
(If so, please provide us with a copy of their FL public school IEP or other documentation – *optional*)
Has student tested as special needs? Yes / No Diagnosis: _____
(If so, please provide us with a copy of their FL public school IEP or other documentation – *optional*)
Does your student have any allergies or health conditions that you would like us to be aware of? Yes / No
Please explain if necessary: _____

Third Student Name (Last, First): _____ Circle One: New / Returning
Date of Birth: _____ Age (as of 8/19/18): _____ Grade (as of 8/19/18): _____
Hebrew Name (Transliterated ok): _____
Prior Religious Instruction: Yes / No If yes, name of prior religious school: _____
City: _____ State: _ Religious Affiliation: _____
Years Attended: _____ Current Weekday School: _____
Circle One: Public / Private

Optional Information (for student file and instructional purposes only):

Has student tested as gifted? Yes / No In what areas? _____
(If so, please provide us with a copy of their FL public school IEP or other documentation – *optional*)
Has student tested as special needs? Yes / No Diagnosis: _____
(If so, please provide us with a copy of their FL public school IEP or other documentation – *optional*)
Does your student have any allergies or health conditions that you would like us to be aware of? Yes / No
Please explain if necessary: _____

Fourth Student Name (Last, First): _____ Circle One: New / Returning
Date of Birth: _____ Age (as of 8/19/18): _____ Grade (as of 8/19/18): _____
Hebrew Name (Transliterated ok): _____
Prior Religious Instruction: Yes / No If yes, name of prior religious school: _____
City: _____ State: _ Religious Affiliation: _____
Years Attended: _____ Current Weekday School: _____
Circle One: Public / Private

Optional Information (for student file and instructional purposes only):

Has student tested as gifted? Yes / No In what areas? _____
(If so, please provide us with a copy of their FL public school IEP or other documentation – *optional*)
Has student tested as special needs? Yes / No Diagnosis: _____
(If so, please provide us with a copy of their FL public school IEP or other documentation – *optional*)
Does your student have any allergies or health conditions that you would like us to be aware of? Yes / No
Please explain if necessary: _____

Photography/Video Release (please check only one):

- I GIVE PERMISSION for my child(ren) to be photographed/video recorded while taking part in School activities, on or off School premises, and for any photos/videos taken to be published in any School or Temple online or print publications.
- I **DO NOT** GIVE PERMISSION for my child(ren) to be photographed/video recorded while taking part in School activities, on or off School premises, and for any photos/videos taken to be published in any School or Temple online or print publications.

Student'(s)' Home/Mailing Address: _____

City: _____ Zip Code: _____ Home Phone: (_____) _____ - _____

Parent/Guardian Name: _____ Cell Phone: (_____) _____ - _____

Email: _____ Alt. Phone: (_____) _____ - _____

Parent/Guardian Name: _____ Cell Phone: (_____) _____ - _____

Email: _____ Alt. Phone: (_____) _____ - _____

If applicable, please indicate which parent/guardian will be the primary contact (Circle one): First / Second

Would you like communications to go to both parents/guardians listed above (Circle one)? Yes / No

Other Emergency Contact Name and Cell Phone # (must be someone other than parent/guardian(s)):

Specific person(s) who may NOT be contacted and who may not drop-off/pick-up/have any contact with student(s):

(Name(s), Relationship(s)): _____

Specific person(s) who may drop-off/pick-up student(s) in lieu of parent(s)/guardian(s):

(Name(s), Relationship(s)): _____

Annual Tuition (Circle all that apply and insert child's first name in space provided):

Annual tuition includes \$25 snack fee and \$10 t-shirt fee – *NFTY/TaSTY Sr. & TaSTY Jr. youth group fees NOT included*)

Grade Level	First Student	Second Student	Third Student	Fourth Student
Grades 4 – 7	\$760 (____)	\$710 (____)	\$660 (____)	\$660 (____)

(Current and returning students in Grade 3 only, no new students in grades 3 or below are being accepted at this time. Non-member tuition for returning 3rd graders is: \$860 per student unless family joins Temple Sinai.)

Grades 8 & 10 (Confirmation) Work Study Program + \$35 fee (____)

Early registration discount applied (-\$100 per student) for payment in full by June 30, 2018: Yes / No

Total tuition due for all student(s): \$ _____

Tuition is due in full by August 19, 2018 unless on payment plan/scholarship.

In consideration of the acceptance of my child(ren) into the education program, I agree to make all tuition payments in a timely manner.

Primary Parent/Guardian Signature: _____ Date: _____

School Office Personnel Only Below:

Tuition paid in full? Yes / No Date: _____ Payment by: CC / Check / Cash / Money Order

Monthly payment plan requested? Yes / No Date first payment received: _____

Scholarship requested? Yes / No Scholarship approved and payment arranged? Yes / No

Payment received by/plan arrangement/scholarship approved (Print TS personnel name): _____

TS Personnel Initials: _____ Date: _____