



### Religious School Student Registration Form 2019-2020

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 9/08/19): \_\_\_\_\_ Grade (as of 9/08/19): \_\_\_\_\_

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 9/08/19): \_\_\_\_\_ Grade (as of 9/08/19): \_\_\_\_\_

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 9/08/19): \_\_\_\_\_ Grade (as of 9/08/19): \_\_\_\_\_  
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 9/08/19): \_\_\_\_\_ Grade (as of 9/08/19): \_\_\_\_\_  
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 3<sup>rd</sup> graders is: \$860 per student unless family joins Temple Sinai.)*

Grades 8 - 10 (Confirmation) Work Study Program + \$100 fee (\_\_\_\_)

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

*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): \_\_\_\_\_