



Temple Sinai of Palm Beach County

Registration Form 2021-2022
Grades 2-7

Please complete each item of this 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.

Student Name (Last, First): _____ **Circle One:** New / Returning

Date of Birth: _____ **Age (as of 9/01/20):** _____ **Grade (as of 9/01/20):** _____

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

Has student tested as gifted or special needs? (optional/confidential) Yes/No In what areas? _____

(If so, please provide us a copy of their FL public school IEP or other documentation – optional)

Student Home/Mailing Address: _____

City: _____ **Zip Code:** _____ **Home Phone:** _____

Parent/Guardian Name: _____ **Cell Phone:** _____ **Email:** _____

Parent/Guardian Name: _____ **Cell Phone:** _____ **Email:** _____

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)):

Primary Parent/Guardian Signature: _____ **Date:** _____

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 publication.

