



*"Participation and Encouragement"
is our Magic Formula*

STAR OF DAVID HEBREW SCHOOL REGISTRATION FORM

STUDENT INFORMATION		
Surname:	Home Phone:	
Address:	Postal Code:	
Day School Attended (and grade if different from Star of David):		
Student's Given Name <u>and</u> Hebrew Name	Birthdate (d/m/y)	Grade (Sep 1)
1.		
2.		
3.		

PARENT INFORMATION	
Mother's Name:	Work Phone:
Occupation:	Employer:
Address and Home Phone (if different from student):	
Father's Name:	Work Phone:
Occupation:	Employer:
Address and Home Phone (if different from student):	

ADDITIONAL INFORMATION	
Emergency Contact and Number During School Hours:	
Previous Hebrew Education:	
Is There Any Additional Information That the School Should Know? (i.e. Allergies, medical problems, etc):	
Can Your Address and Phone Number Be Included in a School Directory? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature:	Date: