

TEMPLE SINAI RELIGIOUS SCHOOL & MID-WEEK HEBREW  
6227 ST. CHARLES AVENUE, NEW ORLEANS, LA 70118

REGISTRATION FORM 2008-2009

1. \_\_\_\_\_  
Last First Middle  
\_\_\_\_\_  
Child's Address (Street, City, Zip) Child's Hebrew Name  
\_\_\_\_\_  
Sex Date of Birth Secular School in Fall Grade R.S. Grade Check if New Student

2. \_\_\_\_\_  
Last First Middle  
\_\_\_\_\_  
Child's Address (Street, City, Zip) Child's Hebrew Name  
\_\_\_\_\_  
Sex Date of Birth Secular School in Fall Grade R.S. Grade Check if New Student

3. \_\_\_\_\_  
Last First Middle  
\_\_\_\_\_  
Child's Address (Street, City, Zip) Child's Hebrew Name  
\_\_\_\_\_  
Sex Date of Birth Secular School in Fall Grade R.S. Grade Check if New Student

PARENTS: (If parents' addresses are different, please list both)

PARENT 1 (married, divorced, single, deceased)

PARENT 2 (married, divorced, single, deceased)

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, State, Zip  
\_\_\_\_\_  
Home Phone  
\_\_\_\_\_  
Work Phone \_\_\_\_\_ Beeper \_\_\_\_\_  
\_\_\_\_\_  
Cell Phone  
\_\_\_\_\_  
E-mail \_\_\_\_\_

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, State, Zip  
\_\_\_\_\_  
Home Phone  
\_\_\_\_\_  
Work Phone \_\_\_\_\_ Beeper \_\_\_\_\_  
\_\_\_\_\_  
Cell Phone  
\_\_\_\_\_  
E-mail \_\_\_\_\_

Send Mail to: \_\_\_\_\_ Parent 1 \_\_\_\_\_ Parent 2 \_\_\_\_\_ Both \_\_\_\_\_ Other

**RESPONSIBLE PARTY OR GUARDIAN:**

\_\_\_\_\_  
Name Address Phone

**IN AN EMERGENCY, AND PARENTS CANNOT BE REACHED, PLEASE CALL:**

1. \_\_\_\_\_ 2. \_\_\_\_\_  
Name Phone Name Phone

**PERSONAL INFORMATION**

(Does your child have any emotional or physical problems, such as a reading disability, ADD, asthma, etc.?)

Is your child taking any medication? If so, please list):

**MID-WEEK HEBREW INFORMATION (incoming grades 3-7):**

Is your child a returning student? \_\_\_\_\_ Bar/Bat Mitzvah Date \_\_\_\_\_ Student Name \_\_\_\_\_

Is your child a returning student? \_\_\_\_\_ Bar/Bat Mitzvah Date \_\_\_\_\_ Student Name \_\_\_\_\_

**PERMISSION FOR FIELD TRIPS:**

(I hereby give permission for my child/children to attend authorized field trips during the school year):

Parents Signature \_\_\_\_\_

**REGISTRATION FEES**

Number of Students \_\_\_\_\_ Religious School \$325 Total \_\_\_\_\_ Amount Paid \_\_\_\_\_

Number of Students \_\_\_\_\_ Mid-Week Hebrew \$350 Total \_\_\_\_\_ Amount Paid \_\_\_\_\_

Number of Students \_\_\_\_\_ NFTY Youth Group (Grades 9-12) \$50 Total \_\_\_\_\_ Amount Paid \_\_\_\_\_

Total Paid \_\_\_\_\_

Manner of Payment: Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Check \_\_\_\_\_

\_\_\_\_\_  
Credit Card Number Expiration Date Name as it appears on Card

PLEASE RETURN BY AUGUST 15, 2008

**OFFICE USE ONLY**

Date \_\_\_\_\_ Check Number \_\_\_\_\_ Amount Paid \_\_\_\_\_