



# Religious School Student Registration Form

2017-2018/5777-5778

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 9/10/17): \_\_\_\_\_ Grade (as of 9/10/17): \_\_\_\_\_  
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 9/10/17): \_\_\_\_\_ Grade (as of 9/10/17): \_\_\_\_\_  
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 9/10/17): \_\_\_\_\_ Grade (as of 9/10/17): \_\_\_\_\_  
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 9/10/17): \_\_\_\_\_ Grade (as of 9/10/17): \_\_\_\_\_  
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.

**Temple Sinai Family/Single Parent Member?** Yes / No (*membership required for parents of students in grades 4 and up*)

**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 and TaSTY Jr. youth group fees NOT included*

Member Type/Grade Level	First Student	Second Student	Third Student	Fourth Student
TS Member/Grades 1 – 7	\$760 (_____)	\$710 (_____)	\$660 (_____)	\$660 (_____)

TS Member/ Grades 8 & 9 (Confirmation) Work Study Program + \$35 fee (\_\_\_\_\_)

Non-member/Grades 1 – 3 only	\$860 (_____)	\$810 (_____)	\$760 (_____)	\$760 (_____)
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**Early registration discount applied (-\$100 per student) for payment in full by June 30, 2017:** Yes / No

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

***Tuition is due in full by September 10, 2017 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 timely. I understand that I may be charged fees for late payments when arrangements are not made prior to agreed upon due date(s).*

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: \_\_\_\_\_