



RELIGIOUS SCHOOL ENROLLMENT FORM 2019-2020

Child(ren)'s Last Name \_\_\_\_\_

Parent 1

Parent 2

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

Send information?  E-mail  Mail  Neither

Send information?  E-mail  Mail  Neither

Child's Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Hebrew Name \_\_\_\_\_

Secular School & \_\_\_\_\_

Grade for 2019-2020 \_\_\_\_\_

Religious School Grade \_\_\_\_\_

2019-2020 \_\_\_\_\_

Information that might affect \_\_\_\_\_

learning or behavior \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For more information or assistance please contact

Sherri Morris, Education Director

sherri@kehillahsynagogue.org (919) 942-5817