

## Temple Beth Shalom Religious School Registration Kindergarten - 7th Grade 2016 - 2017 • Please Return by 8/12/2016

Student's Name	
Nickname	email photo to: laurenceholzman@tbshastings.org
M / F (circle one)	
Birthdate —	
Hebrew Name	
Grade	
Name of Current School	
Home Address	
Student's email	
Parent's Name	
Home Phone Email Address	
Work Phone Cell Phone	
Home Address (if different from student's)	
Parent's Name	
Home Phone Email Address	
Work Phone Cell Phone	
Home Address (if different from student's)	
Status of Parents (check one) Married Divorced Widowed	l Other
Additional Parent/Guardian Name (if applicable)	
Phone	
Home Address (if different from student's)	
Names and Birthdates of Siblings	

Please let us know if you are interested in volunteering as a Religious School Class Parent, participating in Tzedakah activities, or any other programs that may interest you:	
Student Information	
Please list any previous Religious School experiences.	
Has your child been evaluated and/or currently receiving services for special needs?	
Does your child have an I.E.P.? Yes No If yes, please contact <b>Laurence Holzman</b> to share a copy with us so that we can best serve your child's needs in the classroom.	
Are there health issues, allergies, or concerns that might affect your child's participation at Religious School?	
If there is anything else that you think would be helpful or important for us to know about your child, please feel free to use this form or attach any additional comments or concerns:	
<b>Arrival/Dismissal</b> In order to best supervise our students, please check the expected arrangements for your child's Religious	
School arrival and dismissal: By Car / Carpool Permission to walk unaccompanied by adult	
Other	
Please make sure your child is aware of their drop-off, pick-up and carpool arrangements, and always call the Temple Office if your child needs to be informed of a change in plans. Thank you.	