

Student Enrollment Card - Religious School _____ - _____

Student Information					
Last Name	First Name	Hebrew Name	Birthday	Grade	Lives with

Parent Information	
First & Last Name:	
Street Address	
City, State Zip	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	

Emergency Contacts	
First & Last Name:	
Street Address	
City, State Zip	
Home Phone	
Work Phone	
Cell Phone	

*On the reverse side, please list allergies, physical or learning problems and medications that might affect student's performance. All Information will be kept confidential.

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