



or shabbat

2009/10 REGISTRATION FORM

STUDENT INFORMATION

Full Name of Student

Surname

Given Name

Hebrew Name

Date of Birth

Age September 1, 2009:

Address

Home Tel

Mobile

Email Address:

Siblings/ages:

School

Is there anything you feel that our Rabbi and teachers should know about the student (e.g. allergies, learning difficulties, home situation, or any other information which would help)?

PARENT/GAURDIAN INFORMATION

Name of Mother

Name of Father

Address

Address

(if different)

Home Phone

Home Phone

(if different)

Mobile

Mobile

Email

Email

In case of Emergency Please contact:

Please tick box to authorise your child to come and go on their own from *or shabbat*

Please tick box to authorise photographs of your child/ren to appear on/in the notice

boards/newsletters and website