



Grades 8, 9 & 10 (Confirmation)
REGISTRATION FORM
2022/2023 SCHOOL YEAR

Student Name _____ Grade 2022/23 _____ Age _____

Hebrew Name _____

Student Name _____ Grade 2022/23 _____ Age _____

Hebrew Name _____

Address _____

City _____ Zip Code _____

Home Phone _____ Cell Phone _____

E-mail Address: _____

Mother's Name _____ Business Phone _____

Father's Name _____ Business Phone _____

Contact person in case of an emergency if parents cannot be reached

_____ Phone _____

Do you grant permission in case of an accident or serious illness to contact your physician and/or send your child to the emergency room? **YES** _____ **NO** _____

Hospital Preference _____

Fees: **\$450.00 per student (see below)**
(does not include field trips, excursions, admissions, etc.)

Signature _____ Date _____

___ Check enclosed (may be made in 2 payments with balance due by January 1, 2023)

___ Please charge to ShulCloud