



**Grade 10 - Confirmation
REGISTRATION FORM
2023/2024 SCHOOL YEAR**

Student Name _____ Grade 2023/24 _____ Age _____

Hebrew Name _____

Student Name _____ Grade 2023/24 _____ 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**
(does not include field trips, excursions, admissions, etc.)

Signature _____ Date _____

There is a 5% discount if paid in full by July 1, 2023, or monthly payments need to be paid in full by February 1, 2024.

___ Check enclosed

___ Please charge to ShulCloud