



## 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:** **\$500.00 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