



**Chai School**  
**Grades 8 -12**  
**REGISTRATION FORM**  
**2024/2025 SCHOOL YEAR**

Student Name \_\_\_\_\_ Grade 2024/25 \_\_\_\_\_ Age \_\_\_\_\_

Hebrew Name \_\_\_\_\_

Student Name \_\_\_\_\_ Grade 2024/25 \_\_\_\_\_ 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:**

**Pay in full by June 30 (\$180)**  
**Pay monthly through February 1 (\$200)**

(does not include field trips, excursions, admissions, etc.)

**This does not include TiBToFTY Registration Fees**

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_ Check enclosed

\_\_\_ Please charge to ShulCloud