



Grade 10 - Confirmation 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 (\$500)

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

Signature _____ Date _____

___ Check enclosed

___ Please charge to ShulCloud