



Orangetown Jewish Center Religious School

Rabbi Craig Scheff

Rabbi Paula Mack Drill
Associate Rabbi

Sandra Borowsky
Educational Director

Glenn Hirsh
President

REGISTRATION FORM 2010-2011

Student:

Full Name: _____

Hebrew Name: _____

Home Address: _____

Home Phone #: _____

Birth Date: _____

Gender (M/F): _____

Grade as of 9/2010: Public School: _____

Religious School: _____

Mother:

Full Name: _____

Address: _____

Home #: _____ Work #: _____ Cell #: _____

Hebrew Name: _____

Email Address: _____

Father:

Full Name: _____

Address: _____

Home #: _____ Work #: _____ Cell #: _____

Hebrew Name: _____

Email Address: _____

Pertinent Information: (Learning, Health, Behavioral Issues / Special Living Arrangements)

My child has the following allergies: _____

I would like the opportunity to speak to the Principal about my child and/or school: Yes / No

Parent/Guardian Signature: _____ Date: _____

\$125 Non-refundable fee per child must accompany this form.