

**KESHER ZION SYNAGOGUE
Morris Hassel Religious School**

Registration Form

Date _____

Name of Student: _____ Birth date: _____
(Last) (First) (Hebrew) Month/Day/Year

Male Female Home Phone: _____

**Time of Birth _____

Address: _____

Parents' Names: Mother _____

Father _____

Child lives with: Both Parents Mother Father

Marital Status of Parents:

Married Divorced Separated Widowed

If divorced or separated, address and phone of parent with whom child does ***not*** reside:

Address: _____

Phone: _____

Where can parents be reached if not at home?

Mother: Address _____

Phone: _____

Father: Address _____

Phone: _____

Name of Public/Private School: _____ Present Grade: _____

Special Interests & Hobbies: _____

Emergency Contact (to be called in case of emergency when parents cannot be reached):

Name: _____ Phone Number: _____

Additional Numbers, if applicable:

Cell Phone: _____ Fax: _____

List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached:

1. _____
Name Address Phone

2. _____
Name Address Phone

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

Signature of parent or guardian: _____

Allergies or other health conditions which the school should be aware of:

Pertinent educational information which would be helpful in instructing your child, i.e.: learning disability, gifted, visual, auditory, speech problems, etc. If additional space is required, use other side.

Local Physician's Name: _____

Address: _____

Phone: _____

**** (We want to establish the *Hebrew birth date* for your child, if we have not done so already.)**