

BETH SHALOM RELIGIOUS/HEBREW SCHOOL ENROLMENT FORM

180 Manukau Road, Epsom, Auckland. Phone 524 4139, Fax 524 7075

STUDENT DETAILS

Surname First name

School Year level

Has your child ever attended a Jewish Day School?

Years at Jewish Day School Religious School class last year

Birth date Bar/Bat Mitzvah date

PARENTS/GUARDIAN DETAILS

Mother's surname First name

Address.....

Telephone (Home) (Work)

Father's surname First name

Address

Telephone (Home) (Work)

If separated/divorced, with which parent should we be in contact?

In case of emergency, if I cannot be contacted please contact

..... Telephone

EXCURSION PERMISSION

I give permission for (child/children) to attend Religious School sponsored excursions. I also authorise the teacher in charge to consent, where it is impracticable to communicate with me, to the child(ren) receiving such medical treatment as may be deemed necessary.

Signed

Signed

Is there any health, learning or home situation that could affect the participation of your child/children in Religious School? If so, what is it?

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