



Israel Congregation  
of Manchester  
*Enriching Jewish Community  
in the Northshore*

# Religious School Registration Form 2010 – 2011 (5771)

Student's Name	Hebrew Name	Date of Birth	Secular Grade as of 9/010

Name(s) of Parent(s) or Guardian (s)	Home Phone	Work Phone	Mobile Phone	Email address

**Address to which you would like mail sent regarding Religious School:**

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**In case of emergency, notify (and relationship to student):**

Name:	Relationship:
Phone Number(s):	



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# Religious School Student Information 2010 – 2011 (5771)

Please return this form with your registration. This information will be shared with your student's teachers. We ask parents to thoughtfully fill this out each new school year.

**Please fill out one form per student.**

<b>Student's Name (English) Please PRINT</b>		<b>Student's Name (Hebrew) Please PRINT</b>	
<b>Parent's Name</b>	<b>Cell Phone Number</b>	<b>Email</b>	
<b>Parent's Name</b>	<b>Cell Phone Number</b>	<b>Email</b>	

Does your student have allergies (medicine/food)? \_\_\_\_\_ NO \_\_\_\_\_ YES  
Describe:

Does your student have dietary restrictions?

Does your student have any other special needs that we should know about?

My student's special qualities include:

Goals for my student include:

Please list any questions or concerns you may have:

This information is held strictly confidential.  
Thank you for helping us make this a great year for your student.