



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

Religious School Registration Form 2011 – 2012 (5772)

Student's Name	Hebrew Name	Date of Birth	Secular Grade as of 9/11

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 2011 – 2012 (5772)

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.

Student's Name (English) Please PRINT		Student's Name (Hebrew) Please PRINT	
Parent's Name	Cell Phone Number	Email	
Parent's Name	Cell Phone Number	Email	

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.