

# Congregation Sha'are Shalom Religious School Registration Form

Please fill in the information requested below. After completing the form, please mail it to: **Congregation Sha'are Shalom Religious School, P.O. Box 4518, Leesburg, VA 20177-4518.**

Congregation Sha'are Shalom offers religious school classes for students in grades K-10. Classes for all students will begin on Sunday, September 13, 2009. Tuition and class information will follow this summer. A 5% discount is offered when registering three or more children.

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**Part I: Student Information:**

Student's Name \_\_\_\_\_

Hebrew Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

School Grade (as of 9/09) \_\_\_\_\_ Hebrew School Grade \_\_\_\_\_

Public/Private School Attending \_\_\_\_\_

Student Address \_\_\_\_\_

Home Phone \_\_\_\_\_

**Part II: Parent Information:**

Father's Name \_\_\_\_\_

Father's Religion \_\_\_\_\_ Occupation \_\_\_\_\_

Father's Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's Religion \_\_\_\_\_ Occupation \_\_\_\_\_

If the mother is not Jewish, has the child been formally converted to Judaism? \_\_\_\_\_

Mother's Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

I would like to volunteer to:

- a. Substitute teach \_\_\_\_\_
- b. Serve on the School Committee \_\_\_\_\_
- c. Serve as a Room Parent \_\_\_\_\_
- d. Help with class parties \_\_\_\_\_

**Please complete the back of the form.**

