



Beit Sefer Shalom—The Community Midrasha

The Conservative High School Program serving Congregation Beth El, KBH, and Temple Israel

Family Registration Form for the 5778 (2017-2018) School Year

8th through 12th Grades

Completed forms must be received by Friday, July 28, 2017

FAX to 627-4905, snail-mail to Beth El, 422 Shirley Avenue, Norfolk VA 23517 or email to noelle@bethelnorfolk.com

[Tuition for the 2017-2018 School Year - \\$250 per student](#)

Congregational Affiliation:

- Congregation Beth El
- Temple Israel
- KBH
- Other _____

Please provide the following contact information for the parents:

Parent/Guardian A

Last Name		First Name		Hebrew Name	
Home Address (including city and zip code)		Email Address		Home Phone	Cell Phone

Parent/Guardian B

Last Name		First Name		Hebrew Name	
Home Address (including city and zip code)		Email Address		Home Phone	Cell Phone

Please provide the following information for each student being registered for the Midrasha Program. Any information provided will be kept in the strictest confidence! Please list any additional students on the other side.

Student 1

Last Name		First Name/Nickname		Birthdate	
Hebrew Name		Secular School & Grade		Religious School Attended	
Allergies to food and/or medications					
Medical Condition(s) and/or medications taken regularly					
Diagnosed or suspected learning issues				Does this child require special education tutoring?	

Student 2

Last Name		First Name/Nickname		Birthdate	
Hebrew Name		Secular School & Grade		Religious School Attended	
Allergies to food and/or medications					
Medical Condition(s) and/or medications taken regularly					
Diagnosed or suspected learning issues				Does this child require special education tutoring?	

Student 3

Last Name		First Name/Nickname		Birthdate	
Hebrew Name		Secular School & Grade		Religious School Attended	
Allergies to food and/or medications					
Medical Condition(s) and/or medications taken regularly					
Diagnosed or suspected learning issues				Does this child require special education tutoring?	

Field Trip Permission: I, parent/guardian of the child(ren) listed above agree to allow my child(ren) to participate in field trips with the Beit Sefer Shalom Religious School and grant the school permission to secure medical care for my child(ren) in the event of an emergency.

Parent signature _____ Dated _____

Permission to take and post photo(s) of my child(ren): During the course of the school year, we have many and varied activities in which the students participate. Photos are frequently taken during these programs. From time to time, some of these pictures are particularly interesting (or cute) and we would like to post these pictures to our school FaceBook page, include them in the monthly bulletins, the weekly email newsletter to congregants, and websites of the participating congregations, or send them along to the local papers (either the Jewish News or the Virginian-Pilot) for publication in connection with an article about a particular event or a general article about what we do at Beit Sefer Shalom.

We would like your permission to include your child(ren) in these photos. If you are okay with photos but would prefer that we not identify your child(ren), please let us know.

Your signature of approval will be kept on file until such time as you rescind permission.

Thank you!

Parent signature _____ Dated _____

Please list any additional students below:

Student 4

Last Name		First Name/Nickname		Birthdate	
Hebrew Name		Secular School & Grade		Religious School Attended	
Allergies to food and/or medications					
Medical Condition(s) and/or medications taken regularly					
Diagnosed or suspected learning issues				Does this child require special education tutoring?	

Student 5

Last Name		First Name/Nickname		birthdate	
Hebrew Name		Secular School & Grade		Religious School Attended	
Allergies to food and/or medications					
Medical Condition(s) and/or medications taken regularly					
Diagnosed or suspected learning issues				Does this child require special education tutoring?	

Student 6

Last Name		First Name/Nickname		Birthdate	
Hebrew Name		Secular School & Grade		Religious School Attended	
Allergies to food and/or medications					
Medical Condition(s) and/or medications taken regularly					
Diagnosed or suspected learning issues				Does this child require special education tutoring?	