



Beit Sefer Shalom—UHS 2.0

The Conservative Religious School serving Congregation Beth El, KBH, and Temple Israel
Family Registration Form for the 5778 (2017-2018) School Year

Kindergarten through 7th Grade

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

Judaica Tuition is \$200 per student regardless of grade level

Hebrew Tuition is \$300 per student in grades three through six (required)

Congregational Affiliation:

- Congregation Beth El
- Temple Israel
- KBH

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 in the Sunday Religious School 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 Grade	
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 Grade	
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 Grade	
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?	

Religious School Grade: If you would like your child placed in a different grade than their secular school grade, please explain which grade and why: _____

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 Grade
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 Grade
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 Grade
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?	