

**Beth Sholom Religious School**  
**Frederick, Maryland 21701**

**STUDENT REGISTRATION FORM**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Child's Hebrew Name \_\_\_\_\_ B/Mitzvah Date \_\_\_\_\_

Grade in school as of **August, 2006** (Please circle one): K 1 2 3 4 5 6 7 8 9 10 11 12

Parent's complete name(s) and address(es) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E-mail address(es) \_\_\_\_\_

Person(s) other than parent authorized to pick up child:

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Person to notify in case of emergency:

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

If we are unable to reach you, do we have permission to authorize emergency medical treatment for your child?  Yes  No

Do we have permission to provide your child's classmates with a list containing your name, address & phone no?  Yes  No

Parent Authorization \_\_\_\_\_

Does your child have any medical/psychological conditions that may affect his/her school work?  Yes  No

If yes, does your child have an IEP in school?  Yes  No Is your child taking any medications?  Yes  No

In order to better assist your child, please provide us with a copy of your child's IEP.

Does your child have any special needs considerations/accommodations? \_\_\_\_\_

\_\_\_\_\_

*School calendar appears in the student handbook.*

Questions should be directed to Chaya Schneider, Director 301-663-3437 edinfred@hotmail.com