

TEMPLE ISRAEL RELIGIOUS SCHOOL
REGISTRATION FORM 2011-2012

Please return by June 15 to School Office, Temple Israel, 200 State Street, Portsmouth, N.H. 03801.

Parent First and Last Name _____ Parent First and Last Name _____

Parent email _____ Cell phone _____ Parent email _____ Cell phone _____

Phone: Day _____ Evening _____ Phone: Day _____ Evening _____

Student Name (include last name if different from above)	Hebrew Name	Date of Birth	Rel. School Gr.2011/2012	Sec. School Gr.2011/2012	Secular School Name and Phone Number

School Schedule: Sunday 9:00 a.m. – Noon All Grades K-7
 Wednesday 3:45 p.m. – 5:30 p.m. Grades 3-7

Photo Release: Please sign appropriate consent.

Yes, I give my consent to have my child(ren)'s photo taken for use in the media to include newspaper, internet and Temple marketing. _____

No, my child(ren)'s photo may not be taken and used in any media. _____

PLEASE ENCLOSE A \$25.00 PER CHILD NON-REFUNDABLE REGISTRATION FEE, to "TEMPLE ISRAEL" AND INDICATE "SCHOOL REGISTRATION FEE".

Please complete the Emergency Information Form on the back of this sheet.

