

The Hochberg Academy at Temple Beth Shalom (Grades 8-12)

Registration 2020-2021 / 5781

PLEASE PRINT or TYPE ALL INFORMATION CLEARLY

Student's Name: _____
First Last Birth Date

School: _____ Grade in 2020-2021: _____

Gender: _____ Student's cell phone: _____

Parent #1

Address

City Zip

Cell Phone: (____) _____

Email: _____

Parent #2

Address (if different)

City Zip

Cell Phone: (____) _____

Email: _____

If parents are divorced or separated, with whom does child reside? () Both () Mother () Father () Other _____

Do you want emails /mailings from TBS to be sent to both parents? () Yes () No

Siblings: Name _____ Grade _____ Name _____ Grade _____

Name _____ Grade _____ Name _____ Grade _____

Emergency Contacts: 1) _____ Phone: _____

2) _____ Phone: _____

Special learning /medical needs (or any other information we should have concerning your child):

1. If I cannot be reached in an emergency, I authorize TBS to seek medical attention for my child.
2. My child has permission to participate in all class field trips. I will be notified in advance of all trips.
3. TBS has my permission to publish photographs taken of my child for use in publications or on website. My child will not be identified by name. I understand we will not receive financial compensation for such publicity.

Signature of Parent or Guardian: _____ Date: _____

..... PLEASE CONTINUE ON REVERSE



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Name of Student: _____ Grade: _____

Person(s) responsible for payment: _____

Relationship to student: _____

Contact info (if not on previous page): _____

Fees include: Religious School tuition, Youth Group dues (grades 9-12), light dinner.
Fees do NOT include Youth Group trips.

Grades 8-12 Wednesdays 6:00-7:30	\$ 200	\$200
	Amount enclosed:	
	BALANCE:	

PLEASE CHECK ONE: [Note: No child will be turned away for financial reasons]

_____ Payment in full enclosed.

_____ Deposit enclosed (MINIMUM \$100). Balance due NOVEMBER 1.

_____ My child will require an additional scholarship (*please complete Scholarship Application*).

METHOD OF PAYMENT:

_____ Check # _____ Date: _____ Amount: _____

_____ Check # _____ Date: _____ Amount: _____

_____ Visa / Mastercard/Discover # _____

CCV# (on back): _____ Expiration date: _____ Amount: _____

NOTE: The Hochberg Academy refunds fees only in cases of serious illness or family move.