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

Registration 2017-2018 / 5778

PLEASE PRINT ALL INFORMATION CLEARLY

First School:		Last Gr	Birth Date rade in 2017-2018:
	cell phone:		
Parent #1		Parent #2	
Address		Address (if different)	
City	Zip	City	Zip
Cell Phone: ()		Cell Phone: ()
Email:		Email:	
If parents are divorced or separated, w Do you want emails /mailings from TB: Siblings: Name	S to be sent to both pare	ents? () Yes () No	Grade
			Grade
Emergency Contacts: 1)			
2)		Phone:	
Special learning /medical needs (or any	y other information we s	should have concernin	g your child):
**************************************	pate in all class field tri photographs taken of r	ips. I will be notified in my child for use in pu	in advance of all trips. blications or on website. My
Signature of Parent or Guardian:			Date:
PLEAS	E CONTINUE OI	N REVERSE	

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Name of Student:		G	rade:
Person(s)	responsible for payment:		
Relations	nip to student:		
Contact in	fo (if not on previous page):		
Fees inclu	ude: Religious School tuition, Yo Fees do NOT inclu	outh Group dues (grades 9-1 de Youth Group trips.	.2), light dinner.
GRADES	DAY / TIME	FEES	
8-12	Wednesdays 6:00-7:30	\$ 200	
		TOTAL DUE:	\$200
		Amount enclosed:	
	•	BALANCE:	
		rned away for financial reasons 100). Balance due NOVEMBER 1. nal scholarship (please complete	
METHOD	OF PAYMENT:		
	Check # Date:	Amount:	_
	Check # Date:	Amount:	_
	Visa / Mastercard #		<u> </u>
	CCV# (on back): Exp	iration date: Amo	ount:

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