



Registration Form for 2018-2019

Student name: _____ Grade: _____

Hebrew Name (if applicable): _____ Nickname: _____ Birthdate: _____

Student #2 name: _____ Grade: _____

Hebrew Name (if applicable): _____ Nickname: _____ Birthdate: _____

Student #3 name: _____ Grade: _____

Hebrew Name (if applicable): _____ Nickname: _____ Birthdate: _____

Address: _____

Synagogue affiliation (if applicable): _____

- **Parent #1 will be the primary contact during the school day.**
- **Please put an asterisk by any information you do NOT wish to have published in the Student Directory.**
- **Please indicate if school mailings should NOT be sent to two addresses.**

	Parent 1	Parent 2
Name		
Email		
Work Email		
Home address <i>(if different from above)</i>		
Home phone		
Cell phone		
Work phone		
Employer and Address		
Occupation		

If parent is unavailable during emergency situation, whom should we contact?

Name: _____ Relationship: _____ Phone(s): _____

Siblings not enrolled at Levey Day School:

Name: _____ Grade (2018/2019): _____ Birthdate: _____

Name: _____ Grade (2018/2019): _____ Birthdate: _____

Name: _____ Grade (2018/2019): _____ Birthdate: _____

Grandparent Information:

Grandparent's Name: _____

Home Address: _____

Phone number: _____ Email Address: _____

Grandparent's Name: _____

Home Address: _____

Phone number: _____ Email Address: _____