



Registration Form for the 2011-2012 School Year

Student name: _____ Grade: _____

Hebrew Name: _____ Nickname: _____ Birthdate: _____

Student #2 name: _____ Grade: _____

Hebrew Name: _____ Nickname: _____ Birthdate: _____

The following sections should be completed by new Levey families and by returning families with new or updated information.

Address: _____

Phone: _____

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 Family Directory.
- Please indicate if school mailings should be sent to two addresses.

	Parent_1	Parent_2
Name		
Email		
Home address (if different from above)		
Home phone (if different from above)		
Cell phone		
Work phone		
<i>Place a check-mark (✓) by the PRIMARY phone number above which we should call during the school day in the event we need to contact you.</i>		
Place of Employment		
Occupation		

Siblings not enrolled at Levey Day School:

Name: _____ Grade (2011/2012): _____ Birthdate: _____

Name: _____ Grade (2011/2012): _____ Birthdate: _____

Name: _____ Grade (2011/2012): _____ Birthdate: _____

Name: _____ Grade (2011/2012): _____ Birthdate: _____

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

Name: _____ Relationship _____ Phone(s): _____

Name: _____ Relationship _____ Phone(s): _____