

REGISTRATION FORM

Temple Sholom Hebrew High

PO Box 6007
Bridgewater, NJ 08807

Student's Name: _____ Home Phone: () _____

Address: _____ Date of Birth: ____/____/____

City: _____ Zip: _____

Grade (in September): _____

Student's email address: _____

Father's email address: _____

Mother's email address: _____

In case of emergency please call:

Name: _____

Phone: () _____ Cell Phone: () _____

Relationship to child: _____

Signature: _____

REGISTRATION DEADLINE: JUNE 30

A NON-REFUNDABLE DEPOSIT OF \$50 PER CHILD IS REQUIRED WITH ALL REGISTRATIONS. TUITION BALANCE WILL BE BILLED IN AUGUST. ALL FEES MUST BE PAID IN FULL BY THE FIRST DAY OF SCHOOL.

PLEASE ADDRESS ENVELOPE:

**TEMPLE SHOLOM HEBREW HIGH REGISTRATION
PO BOX 6007
BRIDGEWATER, NJ 08807**

Please fill out a separate registration form for each of your children.