

MARSHA DANE STERN HEBREW SCHOOL
CONSERVATIVE SYNAGOGUE ADATH ISRAEL OF RIVERDALE
475 West 250th Street, Bronx, New York 10471
Tel: 718-543-8400 Fax: 718-543-3110 Web: www.csair.org
STUDENT REGISTRATION -- SCHOOL YEAR 2011-2012

Student Name: _____ Age: _____

Address: _____ Zip: _____

Phone : _____ - _____ - _____ Birthdate: _____ Hebrew Name : _____

Parent email: _____ Parent email: _____

Secular School: _____ School Phone: _____

Grade as of Sept. '11 _____ Name/age(s) of siblings : _____

Parent Name: _____ Occupation: _____

Work Phone: _____ Cell Phone: _____

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Work Phone: _____ Cell Phone: _____

Are Parents Jewish? Father _____ Mother _____

Marital Status: Married Separated Divorced Single Parent Parent Deceased

If parents are not living together, is there joint custody? _____

If parents are not living together, do both parents wish to be kept informed? _____

If so, list name, address and phone number: _____

Referral: Did you refer someone to the Hebrew School?

What is their name? _____

New Student - PREVIOUS JEWISH EDUCATION

Name of School: _____ Phone: _____

Number of Years Attended: _____ Number of days/week: _____
