

Temple B'nai Shalom
Student Information Form

To be completed by parents of prospective students.

Prospective Students' Full Names:	Date of Birth of Each Student
Street Address of Students' Residence:	City/State/Zip
Phone (Day)	Phone (Evening)
Names of Parents:	Addresses of Parents [if different from above]
Previous Jewish Education:	School Grade in September of Each Student:
Names and Ages of Siblings Not Enrolling Now:	Please describe how the student is Jewish [i.e., mother is Jewish or student converted to Judaism] or the family's plan for conversion of the student to Judaism:
Are you a member of Temple B'nai Shalom? Are you member of a congregation elsewhere? If so, what is the name and location of your congregation?	Does the student intend to have a Bar/Bat Mitzvah?
Please describe any allergies of which we need to be aware?	Please describe any special needs of which we need to be aware?
Is there anything else you would like us to know about the student?	

Date

Parent's Signature