

## Enrollment Form

### Students Enrolled:

Last Name	First Name	Date of Birth	Place of Birth	Grade for 2017

### Other Children in the Family:

Last Name	First Name	Date of Birth	School Attending/Grade

### For New Students Only:

Pre-School Experience (For Students Entering Kindergarten Only)

Current/Previous School Experience (For Students Entering All Other Grades)

School	Contact	Years Attended/ Grade

### Parent/Guardian Information:

#### Parent/Guardian 1:

Title \_\_\_\_\_ First and Last Name \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_

NEMJDS Alumni (Yes or No)

(over)

**Parent/Guardian 2:**

Title \_\_\_\_\_ First and Last Name \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone : \_\_\_\_\_  
Email: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City, State, and Zip: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ NEMJDS Alumni (Yes or No)

Parent/Guardian Marital Status: \_\_\_\_\_ Students Reside with  #1  #2  Both

**Emergency Contact:**

**Complete this page for each child enrolled if the information is different for each child.**

**Contact (if parents/guardians cannot be reached):**

Full Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Primary Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

**Family Doctor:**

Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Emergency Information:**

If there is a medical emergency, I authorize the N.E. Miles Jewish Day School to take my student(s) \_\_\_\_\_ to any licensed physician/emergency room.  
(names)

Preferred hospital (if applicable): \_\_\_\_\_

List any allergies, illnesses, or disabilities below:

Student's Name: \_\_\_\_\_

Student's Name: \_\_\_\_\_

**Please sign the enrollment form and return with the items listed below by February 24<sup>th</sup>:**

- \$350 Registration Fee per student (non-refundable)
- Tuition Contract

**SIGNATURES**

1 Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_  
2 Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_