

ENROLLMENT FORM

Students Enrolled:

Last Name	First Name	Date of Birth	Place of Birth	Grade for 2018

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/Last Name _____

Relationship to Student: _____

Address: _____

City, State, and Zip: _____

Cell Phone: _____ Home Phone: _____

Email: _____

Occupation: _____ Employer Name: _____

Business Address: _____

City, State, and Zip: _____

Business Phone: _____ NEMJDS Alumni (Yes or No)

(over)

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Parent/Guardian 2:

Title _____ First/Last Name _____

Relationship to Student: _____

Address: _____

City, State, and 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 section 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.

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 20th

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

SIGNATURES

1 Parent/Guardian: _____ Date _____

2 Parent/Guardian: _____ Date _____