

**ENROLLMENT FORM**

**Students Enrolled:**

| Last Name | First Name | Date of Birth | Place of Birth | Grade for 2019 |
|-----------|------------|---------------|----------------|----------------|
|           |            |               |                |                |
|           |            |               |                |                |
|           |            |               |                |                |

**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 22<sup>nd</sup>**

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

**SIGNATURES**

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

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