

TEMPLE AVODAH RELIGIOUS SCHOOL
3050 Oceanside Road Oceanside, New York 11572
(516) 766-6809 www.avodah.org

ENROLLMENT FORM

Last Name: _____

Address : _____

Home Phone: _____

Parent/Guardian: _____

Parent/Guardian: _____

Cell: _____

Cell: _____

Work: _____

Work: _____

Email: _____

Email: _____

Child's Name	Hebrew Name	Date of Birth	Circle One	Public School	Grade
_____	_____	_____	M/F	_____	___
_____	_____	_____	M/F	_____	___
_____	_____	_____	M/F	_____	___
_____	_____	_____	M/F	_____	___

Additional information (special needs, allergies etc.) that we should be aware of:

Your name and contact information will be included on the class list. Lists are for **personal use only** i.e. party invitations, carpooling arrangements and are only distributed to other class parents and the PTO. If there is a concern please inform us before the start of school.

PREVIOUS JEWISH EDUCATION

Name and Address of Temple _____

Years Attended _____

PLEASE NOTE: Temple Avodah requires that a child have five (5) years of religious school education or be enrolled in and attending his/her 5th year of religious education IN ORDER TO BE ELIGIBLE FOR BAR/BAT MITZVAH