



KESHER Providing the Finest Quality Special Education in the Jewish Day School Setting

REGISTRATION FORM • 2017/2018

Please print clearly, fill out **ALL** the information requested, and attach a current **photo**.

A **non-refundable** deposit of **\$500.00** must be submitted with this form.

PLEASE BE AWARE THAT THE INFORMATION ON THIS FORM WILL BE SHARED WITH OUR HOST SCHOOL, SCHECK HILLEL COMMUNITY SCHOOL

Date of Application: _____ Grade entering: _____ Date of Birth: _____

Student's Name: _____ Hebrew Name: _____
(Last) (First) (Middle)

Address: _____
(Address) (Apt. Number) (City) (State) (Zip Code)

Home Telephone No.: () _____

PARENT/GUARDIAN INFORMATION

____ Married ____ Divorced ____ Widowed Financial Responsibility: _____

If applicable, name and address of parent NOT living with child: _____

Father's Name: _____ Hebrew Name: _____
(First) (Last)

Father's Work: () _____ Father's Cell: () _____

Father's E-mail: _____

Employer: _____ Telephone: () _____

Employer Address: _____
(Address) (Suite) (City) (State) (Zip Code)

Mother's Name: _____ Hebrew Name: _____
(First) (Last)

Mother's Work: () _____ Mother's Cell: () _____

Mother's E-mail: _____

Employer: _____ Telephone: () _____

Employer Address: _____
(Address) (Suite) (City) (State) (Zip Code)

(OVER)

Synagogue: _____ Rabbi: _____ Telephone: () _____

Current School: _____ Current Grade: _____ Years Attended: _____

Address: _____ Telephone: () _____
Street City State Zip Code

Public School ID# (if applicable) _____

Does your child qualify for McKay Scholarship? _____ Yes _____ No _____ Don't Know

Does your child receive either of the Step Up For Students Scholarships?:

1) FINANCIAL NEEDS BASED _____ Yes _____ No _____ Need more information

2) GARDINER (PLSA) _____ Yes _____ No _____ Need more information

EMERGENCY INFORMATION

Child's Doctor: _____ Telephone: () _____

Child's Dentist: _____ Telephone: () _____

Medications, allergies, and other medical considerations: _____

IN CASE OF EMERGENCY WHEN PARENTS ARE NOT AVAILABLE, PLEASE CONTACT:

Name: _____ Relationship: _____

Home Telephone: () _____ Cell: () _____

Name: _____ Relationship: _____

Home Telephone: () _____ Cell: () _____

We hereby give permission to Keshet L.D., Inc. to take our son/daughter to the Doctor or Hospital for emergency treatment if parents cannot be reached.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

I WOULD LIKE A TUITION ASSISTANCE FORM SENT TO ME _____ YES _____ NO

TUITION ASSISTANCE FORMS ARE DUE IN THE KESHER OFFICE BY MARCH 1, 2017.

Scholarship forms received after March 1 will be considered on a first come, first served basis.

FOR OFFICE USE ONLY

Date received: _____ Registration fee paid: _____

KESHER L.D., INC.

Michael-Ann Russell, JCC - Sanford L. Ziff Campus • 18900 NE 25th Avenue • North Miami Beach, FL 33180
(305) 792-7060 - Fax (305) 792-7018 e-mail keshetld@bellsouth.net