

New Family Form



GENERAL INFORMATION

Family Name _____
 Father's Name Rabbi/Dr./Mr. _____ Mother's Name _____
 Address _____
 City _____ State _____ Zip _____
 Marital Status Married Divorced
 Father's Occupation _____ Mother's Occupation _____

CONTACT INFORMATION

Phone Number _____ Email _____

STUDENT INFORMATION

Student 1 **FOR OFFICE USE ONLY** ACCEPT DECLINE INITIALS _____

Name _____ Gender _____
 Birthday, Secular _____ Birthday, Jewish _____ Entering Grade _____
 Previous School Attended _____
 Does the child have an IEP or has he/she received services or early intervention in the past? Yes No
 If yes, I hereby give permission to release all past records to Cheder Chabad of Monsey

Student 2 **FOR OFFICE USE ONLY** ACCEPT DECLINE INITIALS _____

Name _____ Gender _____
 Birthday, Secular _____ Birthday, Jewish _____ Entering Grade _____
 Previous School Attended _____
 Does the child have an IEP or has he/she received services or early intervention in the past? Yes No
 If yes, I hereby give permission to release all past records to Cheder Chabad of Monsey

Student 3 **FOR OFFICE USE ONLY** ACCEPT DECLINE INITIALS _____

Name _____ Gender _____
 Birthday, Secular _____ Birthday, Jewish _____ Entering Grade _____
 Previous School Attended _____
 Does the child have an IEP or has he/she received services or early intervention in the past? Yes No
 If yes, I hereby give permission to release all past records to Cheder Chabad of Monsey

Student 4 **FOR OFFICE USE ONLY** ACCEPT DECLINE INITIALS _____

Name _____ Gender _____
 Birthday, Secular _____ Birthday, Jewish _____ Entering Grade _____
 Previous School Attended _____
 Does the child have an IEP or has he/she received services or early intervention in the past? Yes No
 If yes, I hereby give permission to release all past records to Cheder Chabad of Monsey

I hereby affirm that the information provided herein is true and correct. I understand that enrollment and acceptance of my child/ren at Cheder Chabad of Monsey is subject to providing accurate information.

Signature _____ Date _____