



RISHONIM APPLICATION 5771 (2010-2011)

Rishonim is for Kindergarten–Fifth grade students and meets on Tuesdays or Thursdays from 4:00-6:00pm. Please fill out a separate application for each student.

Please print clearly:

STUDENT INFORMATION

Student's Name _____

Parent Name(s) _____

Address _____

Phone _____ **Date of birth** _____

School _____ **Grade** (as of 9.1.10) _____

Activities/Interests: _____

PREVIOUS JEWISH EDUCATION

School _____ **Dates Attended** _____

School _____ **Dates Attended** _____

Camp _____ **Dates Attended** _____

Other Programs _____ **Dates Attended** _____

FAMILY INFORMATION

Parent's Name(s) _____

Address (if different from student) _____

Phone (if different from student) _____

Does your child have any siblings? If yes, please provide their names and ages

