2010/2011 Enrollment Form

Rabbi Bernard S. Raskas Religious School/Rossy & Richard Shaller Hebrew School

We prepare annual student rosters. You can limit our use of specific information. Please inform us.

Last Name Parent(s) First Address City Zip

Home Phone Cell Phone(s) List Parent Work Phone(s)

Email address(s):_____
(we want to communicate with each parent by email so please list email *only* if you check regularly)

☐ **Hebrew AND Religious School** (Grades 2-7) ☐ **Religious School ONLY** (Toddler-10th)

☐ **Honors** (8/9/10 grades)

Child's First Name	Last Name	Hebrew Name	Birthdate	Grade Fall 2010
1.				
2.				
3.				

Financial Assistance: Do you wish to apply for financial assistance? _____ yes _____ no
If yes, complete and return enclosed form. All requests will be held in strictest confidence.

Payment options (√ one)

1)__ I will pay tuition in full (less the 5% discount) by July 23, 2010

2)__ I will pay 50% of tuition owed by July 23, 2010 and the remaining 50% of tuition (less the 3% discount) by January 11, 2011.

3)__ I will pay monthly by automatic withdrawal from my checking account **(complete & return attached form)**
Circle One: Tuition Only Tuition & Dues **unless we have)**

4)__ I will pay monthly by VISA. **(complete & return attached form)**
Circle One: Tuition Only Tuition & Dues

The information on this form is accurate to the best of my knowledge.

Signature of Parent(s)/Guardian Date

If new to program or changes send this completed enrollment form to:

Temple of Aaron/Education Department
616 S. Mississippi River Blvd.
St. Paul, MN 55116