

George Kaplan Afternoon School and Midrasha
Registration 2018-2019

Name Birthdate Gender:
Hebrew Name Student email address:
Current School Name: Grade:
Bar/Bat Mitzvah Date: (where applicable)

PARENT/GUARDIAN INFORMATION

Parent/Guardian:

Parent/Guardian:

Relationship to student:

Relationship to student:

Address:

Address:

Day Phone:

Day Phone:

Eve. Phone:

Eve. Phone:

Cell/Pager:

Cell/Pager:

Email:

Email:

**NOTE: TTSP communicates important school information via email. Please provide the best email addresses for us to reach you. May we share your email address with other parents in our family directory? ___

Occupation and Employer:

Occupation and Employer:

Synagogue Affiliation:

Synagogue Affiliation:

Siblings:

Name Age Current School

Name Age Current School

Name Age Current School

COMPLETE REVERSE SIDE

Discover TTSP schools
www.ttsp.org

Where critical thinking and Jewish values intersect

Talmud Torah of St. Paul
Early Childhood Education * The Newman School (ages 33 months - Elementary)
* Afternoon Hebrew School * Midrasha * Hineni (Adult Education)

Marjorie Smith Hofman Educational Building
768 Hamline Avenue South, St. Paul, MN 55116
Phone: 651-698-8807 * Fax: 651-698-8912 * www.ttsp.org



For Parent / Guardian to Complete

Photo Publication Policy

We would like to use photos of our students in newsletters and on the webpage. Students featured in the pictures will not be identified by name without prior permission from the parent. Please sign below that you are in agreement of this policy. If you are not in full agreement, please list any restrictions.

I authorize the use of my student's photograph without name identification in school publications and promotional materials without compensation or further authorization.

Comments/Restrictions:

To best educate your child, we need to have information relevant to your child's learning style.

1. Please describe your child's strengths, challenges, interests. _____

2. Please describe your family's – and your child's – Jewish involvement and experiences.

3. Does your child have any allergies or other conditions we should know about? Yes ____ No ____

If yes, please describe:

6. Please let us know any additional information that would help us provide the best possible educational experience for your student (such as an IEP) _____

Signature of Parent or Guardian

Date