



TORAH DAY SCHOOL OF HOUSTON

10900 Fondren Road • Houston, Texas 77096 • 713-777-2000 • Fax 713-776-0036 • www.tdshouston.org

Application for Enrollment

Grade Applying for: _____ **KINDERGARTEN ONLY-CHECK ONE DISMISSAL OPTION: 8:45-2:15 8:45-3:40**

Male Female Birth Date ____/____/____ Hebrew Birthday ____/____/____

Last Name _____ First _____ M. _____ Hebrew Name _____

C SSN # _____ Place of Birth _____ Home Language _____

Student lives with: Both Parents Mother Father Guardian _____

H Address _____ City _____ ST _____ Zip _____

Home Phone ____/____-____ Grade completed by June 2008 _____ School _____

I
Is natural mother of child Jewish? Yes No
Are there any conversions or adoptions in the family? Yes No explain: _____

L

<u>Siblings</u>	Name	Age	School attending	Grade

D

Education

Name/location of previous school attended _____ Grades ____ - ____

Name/location of previous school attended _____ Grades ____ - ____

<p><input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.</p> <p>M Last Name _____ First _____</p> <p>O Maiden _____ Hebrew Name _____</p> <p>T If different from student: _____</p> <p>H Address _____</p> <p>City _____ ST _____ Zip _____</p> <p>E Phone: Home ____/____-____ Cell ____/____-____</p> <p>R Work ____/____-____ Email _____</p> <p>Employer _____</p> <p>Occupation _____</p>	<p><input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Rabbi</p> <p>Last Name _____ First _____</p> <p>Hebrew Name _____</p> <p>If different from student: _____</p> <p>Address _____</p> <p>City _____ ST _____ Zip _____</p> <p>Phone: Home ____/____-____ Cell ____/____-____</p> <p>Work ____/____-____ Email _____</p> <p>Employer _____</p> <p>Occupation _____</p>
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F
A
T
H
E
R

Family Synagogue Affiliation _____

A NON-REFUNDABLE \$50 APPLICATION FEE MUST ACCOMPANY THIS FORM . THIS FEE CAN BE APPLIED TO THE REGISTRATION FEE UPON ACCEPTANCE.