

Peoria Hebrew Day School

Registration Form for the **2015/2016** School Year

Return to: PHDS, 5614 N. University, Peoria, IL 61614

Grade _____ Date of Registration _____

1. Name _____ Hebrew Name _____
Last First Middle

2. Date of Birth _____ Place of Birth _____

3. Address _____ Telephone No. _____

4. Father's Name _____ Cell # _____ Occupation _____

Employer _____ Address _____

Email _____ Telephone No. _____

5. Mother's Name _____ Cell # _____ Occupation _____

Employer _____ Address _____

Email _____ Telephone # _____

6. Student Lives With _____
Name

7. Emergency Telephone Numbers--Indicate two individuals who may be called in case the parent cannot be reached.

Name _____ Address _____
Telephone No. _____

Name _____ Address _____
Telephone No. _____

8. Name of School Previously Attended _____
Location _____

Grade (General) _____ (Hebrew) _____

9. Student's Physician _____ Telephone No. _____

10. List other siblings in the family

Names

Ages

