

# CONGREGATION ANSHEI ISRAEL RELIGIOUS SCHOOL

5550 E. 5<sup>th</sup> Street • Tucson, AZ 85711

520-745-5550 • 520-745-9058 Fax www.caiaz.org

## Religious School Enrollment Form 2011-2012 / 5772

Student's full name \_\_\_\_\_

Student's Hebrew name \_\_\_\_\_

Date of Birth \_\_\_\_\_ School & Grade \_\_\_\_\_

### Child's Information

Home Address \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

### Father/Guardian's Information

Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address (if not the same as child's):

Zip \_\_\_\_\_

### Mother/Guardian's Information

Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address (if not the same as child's):

Zip \_\_\_\_\_

**Parental Agreement** - A positive attitude and active involvement in Religious School by parents is key to a child's successful learning experience. In addition to attending Shabbat Family Experience and special family programming days, please choose at least one other area of involvement.

Parent/Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Student Agreement** - I understand that every teacher has the right to teach and every student has the right to learn. I understand that every student helps create a positive school environment and agree to take responsibility for my behavior. I agree to be in class on time and prepared, to be courteous to other students and to teachers, to respect school property and to attend school regularly, including Shabbat and family programs.

Student Signature \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

### Tuition

(Check here for Scholarship Request Form )

**\$100 deposit per student is due upon submission of enrollment forms. This \$100 fee is applied to tuition.**

Kindergarten	\$450	Alef (Third Grade)	\$560	Daled (Sixth Grade)	\$560
First Grade	\$450	Bet (Fourth Grade)	\$560	Hey (Seventh Grade)	\$450
Second Grade	\$480	Gimel (Fifth Grade)	\$560	Vav (Eighth Grade)	\$450

Please order me a copy of my child's Hebrew book for use at home (\$18 each). Total \$ \_\_\_\_\_

### Payment Information

Amount \$ \_\_\_\_\_

**Payment Method (Check One)**

Cash

Check

Visa

Mastercard

# \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

### OFFICE USE ONLY:

Date Paid	Check #	Acct. #
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