
The Jewish Congregation of New Paltz
HEBREW SCHOOL REGISTRATION FORM 2025-2026

Student Information (1)

Student's Name (1): _____ DOB: _____
First Middle Last

Secular School: _____ Secular Grade as of Sept. 2024 _____

Please register my child for the following Hebrew School Class/Grade _____

Hebrew School is school! Please share any accommodations or strategies that have been employed in other learning settings that would make your child's Hebrew School experience more successful.

My child has an IEP (if yes, provide additional information below): Yes _____ No _____

Student Information (2)

Student's Name (2): _____ DOB: _____
First Middle Last

Secular School: _____ Secular Grade as of Sept. 2024 _____

Please register my child for the following Hebrew School Class/Grade _____

Hebrew School is school! Please share any accommodations or strategies that have been employed in other learning settings that would make your child's Hebrew School experience more successful.

My child has an IEP (if yes, provide additional information below): Yes _____ No _____

Parent Information

Parent/Guardian (1) _____ Daytime Phone: _____

Address: _____ Home Phone: _____
Street City Zip

Email: _____ Mobile Phone: _____

Occupation: _____ Employer: _____

Parent/Guardian (2) _____ Daytime Phone: _____

Address: _____ Home Phone: _____
Street City Zip

Email: _____ Mobile Phone: _____

Occupation: _____ Employer: _____