



Re-registration form

Student Information

Last Name: _____

First Name: _____

Gender: _____ Birthdate: _____

Parent Name: _____

Cell No. _____ email _____

Parent Name: _____

Cell No. _____ email _____

Home Address: _____

Family Doctor Name: _____

Address: _____

Phone No. _____

Any new allergies that we should be aware off?

Any changes of information that we should be aware off?

Refund/Obligation Policy:

Total fees minus the first \$680.00 (non-refundable deposit) equal the balance of fees and will be calculated for any student as follows:

Written notification received prior to Aug 1 = 100%; prior to Sept 1 = 90%, prior to Oct 1 = 75%, prior to Nov 1 = 50%,
prior to Dec 1 = 30%. After Jan 1 = 0%. Any balance owed by the parent(s) to Kehila Heschel School will be immediately due and payable.

In the event of expulsion any refund due to the parent(s) from Kehila Heschel School will be paid without interest.

Signed _____