

Placement for office purposes only \_\_\_\_\_

**CONGREGATION EMANU EL  
HELFMAN RELIGIOUS SCHOOL**

1500 Sunset Blvd. Houston, TX 77005 Phone: 713-535-6400 Fax: 713-535-6493  
e-mail: [helpdir@emanuelhouston.org](mailto:helpdir@emanuelhouston.org)

**ENROLLMENT FORMS ARE DUE AT THE TEMPLE WITH A \$50.00 NON-REFUNDABLE REGISTRATION FEE PER CHILD.  
PLEASE FILL IN ALL BLANKS.  
THIS COMPLETED FORM MUST BE IN ORDER TO PLACE YOUR CHILD IN A CLASS.  
ALSO PLEASE FILL IN THE BACK OF THE FORM AND SIGN IT AT THE BOTTOM.**

**PLEASE PRINT and fill in all blanks**

Student's Name \_\_\_\_\_

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

Street \_\_\_\_\_

City, State Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Student's E-Mail: \_\_\_\_\_

Gender \_\_\_\_\_ Birthdate \_\_\_\_\_

New Student  Returning student

Grade 2010-2011 \_\_\_\_\_ Name of School \_\_\_\_\_

Names and grades of siblings being registered this year: \_\_\_\_\_

PK - 3 & 7 Grade - Sunday - 9:00 am - 12:00 pm  
4th - 6th Grades - Wednesday 4:30 pm-6:30 pm **AND**  
Sunday - 9:00 am - 12:00 pm  
8th - 12th Grades - Wednesday 7:30 pm - 9:00 pm

**Mother's Information**

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_  
(If different than student's)

City, State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

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

**Father's Information**

Father's Name \_\_\_\_\_

Address \_\_\_\_\_  
(If different than student's)

City, State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

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



Students may request one friend to be in their class. We will try to honor these requests, although we cannot guarantee it.

Please place my child with: \_\_\_\_\_

**Please fill out the payment information on the back of this form.**