

GREENBURGH HEBREW CENTER RELIGIOUS SCHOOL
515 BROADWAY - DOBBS FERRY, NEW YORK 10522
(914) 693-5121

HIGH SCHOOL 2009 – 2010

Student's Name: _____
Last First Hebrew

Address: _____ Zip _____

Date of Birth: _____ Sex M/F: _____ Home Phone: _____ Grade in 9/08: _____

Father's Name: _____ Occupation: _____ Bus. Phone: _____ Cell Phone #: _____

Mother's Name: _____ Occupation: _____ Bus. Phone: _____ Cell Phone #: _____

Parent's E-Mail Address: _____

Family Synagogue Affiliation: GHC None Other: _____

List all other children:

Name: _____ M/F _____ Date of Birth _____ P.S. Grade _____

Name: _____ M/F _____ Date of Birth _____ P.S. Grade _____

Name: _____ M/F _____ Date of Birth _____ P.S. Grade _____

No. enrolled in GHC Religious School: _____

8th – 11th Grade	:	1 day-a-week (1 st child)	\$720.00	\$360.00	\$360.00
8th – 11th Grade	:	1 day-a-week – Sibling Discount	\$620.00	\$310.00	\$310.00
High School Dinner	:		\$120.00		

SCHOOL TUITION ENCLOSED: \$ _____

TOTAL FEES ENCLOSED: \$ _____
(Due with 1st Payment)

TOTAL AMOUNT ENCLOSED: \$ _____

PARENT'S SIGNATURE: _____ DATE: _____