

Registration of Bar/Bat Mitzvah

Please complete and return to the office together with \$50 non refundable deposit

Pupil's Surname:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Pupil's First Name:	Date of Birth:
Pupil's Address:	Primary School:
Post Code: Home Phone:	High School:
Email Address:	Place of Birth:
Hebrew Name: Ben/Bat.....v'..... <i>Pupil's Hebrew name Hebrew name of father Hebrew name of mother</i>	
Mail to: Mother & Father <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Mother & Father separately <input type="checkbox"/> <i>(if different addresses)</i>	
Requested Bar/Bat Mitzvah Date: 1) <input style="width: 100px; height: 20px;" type="text"/> 2) <input style="width: 100px; height: 20px;" type="text"/> 3) <input style="width: 100px; height: 20px;" type="text"/>	
Temple: Main (Progressive Service) <input type="checkbox"/> Neuweg (Conservative Service) <input type="checkbox"/>	

Father's Name:	Member of Emanuel Synagogue
Address:	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>(if different)</i>	Home Phone:
Email Address:	Business Phone:
Occupation:	Mobile:
Hebrew Name: Benv'..... <i>Your Hebrew name Hebrew name of father Hebrew name of mother</i>	

Mother's Name:	Member of Emanuel Synagogue
Address:	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>(if different)</i>	Home Phone:
Email Address:	Business Phone:
Occupation:	Mobile:
Hebrew Name: Bat.....v'..... <i>Your Hebrew name Hebrew name of father Hebrew name of mother</i>	

Signed: _____

Date: _____

STUDENT MUST HAVE MINIMUM 2 YEARS JEWISH EDUCATION PRIOR TO BAR/BAT MITZVAH