## **REGISTRATION FORM FOR 2019 - 2020**

This form can be completed on the computer and then printed and sent to Ma'ayanot with your payment check. Your work will not be saved unless you first download and save the form to your local drive.

If you are sending payment separately or paying via FACTS or credit card, please use the online registration form by <u>clicking here</u>

Thank you!

Ma'ayanot Yeshiva High School for Girls

## **REGISTRATION FORM 2019-2020**

Office Use Only:



To process, please include the required, non-refundable Registration Fee of \$1600 before March 5, 2019. Registration Fee after March 5th is \$1850. Registration can also be submitted online at www.maayanot.org.

Ma'ayanot Yeshiva High School for Girls 1650 Palisade Avenue, Teaneck, NJ 07666 201.833.4307 f 201.833.0816 www.maayanot.org

| STUDENT INFO  | RMATION  |  |  | www.maayanot.org         |  |
|---|--|--|--|--------------------------|--|
| Last Name   | First Name   | DOB:   | Entering Grade   | HS Grad Year             |  |
| Address:  |  | Status   | Family Info  |                          |  |
| City/State/Zip:   |  | New Student  |  |                          |  |
| Home Phone:   |  | ○ Returning Stud   | <ul><li>Returning Student</li><li>Returning Family</li></ul> |                          |  |
| Student Cell Phone:   |  |  | ○ Multip   | le sisters enrolling for |  |
| Student Email:  |  |  | 2019-2   | .0                       |  |
| Social Security #:  |  | Primary Custodian: O Both Parents O Mother Father                          |  |                          |  |
| PARENT INFORI   | MATION   | GRANDPAREN   | T INFORMATION  | I                        |  |
| Father Title & Name:  |  | Name(s) w/Title:   |  |                          |  |
| Father Cell Phone:  |  | Address:   |  |                          |  |
| Father Email:   |  | City/State/Zip   |  |                          |  |
| Mother Title & Name   |  | Phone:   |  |                          |  |
| Mother Cell Phone:  |  | Email:   |  |                          |  |
| Mother Email:   |  | Name(s) w/Title:   |  |                          |  |
|   | as been a different address the surficted above.   | Address:   |  |                          |  |
| Complete only if one parent has a different address than listed above:  Parent w Secondary Address: |  | City/State/Zip:  |  |                          |  |
| Address/City/Zip  |  | Phone:   |  |                          |  |
| Home Phone  |  | Email:   |  |                          |  |
| Charge \$  I have arr  Do you plan to apply  Who is the primary c                                   | FEE  is a check for \$1600 made payable to Ma'ayar 1600 to my existing FACTS account on my nex ranged the following payment plan with the b r for financial assistance at yeshivahaid.org? ontact for business office-related matters (tuit ersigned parent(s) or guardian(s), hereby enroll n | t available payment date (or usiness office:  Yes No tion, payments, etc)? | r \$1850 if received aft                                     | er March 5th)            |  |
| as determined   | ules and regulations of the school and to pay the by the Scholarship Committee.  | tuition and fees to be determ  | · .  |                          |  |
| Father Signature:   |  |  | Da   | ate:                     |  |
| Mother Signature  |  |  | D:   | ato.                     |  |