

# Frankel Jewish Academy of Metropolitan Detroit

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Guest Application for \_\_\_\_\_ (event)

FJA Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Guest Student: \_\_\_\_\_ Age: \_\_\_\_\_

Address:

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_

Emergency Contact (name & phone): \_\_\_\_\_

School Currently Attending: \_\_\_\_\_

Synagogue Affiliation: \_\_\_\_\_

I agree to comply with all rules set forth by the Frankel Jewish Academy and failure to comply will result in immediate removal from the event.

Parent (of guest) Name: \_\_\_\_\_

Parent (of guest) Contact Number: \_\_\_\_\_

Parent (of guest) Signature: \_\_\_\_\_

Student (guest) Signature: \_\_\_\_\_

Please fax or deliver the completed application to Dr. Seth Korelitz at (248) 592-0022 at least one business day prior to the event.