



Pinner Synagogue

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**APPLICATION FOR SCHOOLS  
REGISTRATION 2019-2020**

Please complete and return the form to [admin@pinnershul.org](mailto:admin@pinnershul.org)

**PARENTS NAME:**

**ADDRESS:**

**E-MAIL ADDRESS:**

**TELEPHONE NUMBER:**

**MOBILE NUMBER:**

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**NAME OF CHILD 1:**

**DATE OF BIRTH OF CHILD 1:**

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**NAME OF CHILD 2:**

**DATE OF BIRTH OF CHILD 2**

