



## COLLEGE CONNECTION

Temple Sinai Sisterhood  
"Keeping our Students Connected"

### Student Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_  
*City* *State* *ZIP Code*

Student Phone: \_\_\_\_\_ Student Email: \_\_\_\_\_

College/University: \_\_\_\_\_ Anticipated Graduation: \_\_\_\_\_

### Parent Information

Parent Name: \_\_\_\_\_ Parent Phone: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Phone: \_\_\_\_\_

### Additional Comments

Please return this form to the Temple Sinai office or email it to [admin@temple-sinai.org](mailto:admin@temple-sinai.org)  
to enroll your student in the Temple Sinai College Connection.