



College Connections 2019 – 2020

Please register all college students, including those previously enrolled

Parent Name: _____ Phone #: _____

Parent email contact: _____

Please complete and return this form to Temple Shalom or email this form back to collegeconnections@templeshalomdallas.org.

___ My student will be studying abroad ___ Fall semester ___ Spring semester

___ I would like to assist in preparing the College Connections Mailings

Student Information

Last Name: _____ First Name: _____

University: _____ Year in School: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Email: _____ Date of Birth: _____

Student Information

Last Name: _____ First Name: _____

University: _____ Year in School: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Email: _____ Date of Birth: _____

Please email to: collegeconnections@templeshalomdallas.org or mail to:

College Connections
Temple Shalom
6930 Alpha Road
Dallas, Texas 75240