

Chabad Hebrew School Application

Student(s) Information

Name: _____ Hebrew Name: _____ Birth date: ____/____/____

Does your child read basic Hebrew? No If Yes: Good Fair Poor

What school does your child attend? _____ Grade _____

Is the natural mother of the child Jewish? Yes No

Were there any conversions or adoptions in your family? Yes No If Yes please describe:

Additional comments: _____

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STUDENT #2

Name: _____ Hebrew Name: _____ Birth date: ____/____/____

Does your child read basic Hebrew? No If Yes: Good Fair Poor

What school does your child attend? _____ Grade _____

Is the natural mother of the child Jewish? Yes No

Parents Information

Father

Mother

Parents Names: _____

Home Phone(s): _____

Work Phone(s): _____

Cell Phone(s): _____

Email(s): _____

Address(es): _____

City, State, Zip _____

Occupation: _____

Emergency Information

Emergency Contact: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

Doctor: _____

Address: _____

Phone Number: _____

Allergies or other Medical Condition:

As the parent(s) or legal guardian of _____, I/we authorize any adult acting on behalf of Chabad Hebrew School to hospitalize or secure treatment for my child, I further agree to pay all charges for that care and/or treatment. It is understood that if time and circumstances reasonably permit, Chabad Hebrew School personnel will try, but are not required, to communicate with me prior to such treatment.

I hereby give permission for my child to attend all field trips and outings sponsored by Chabad Hebrew School.

Signature of parent or legal guardian

Date

Please mail completed form to: Chabad Hebrew School
14960 Ventura Boulevard
Sherman Oaks, CA 91403