

# The Chabad Hebrew School Application

2019-2020

## Student Information

Name: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_

Birth date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Day \_\_\_\_ Night \_\_\_\_ (Please check one)

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

What school does your child attend?

\_\_\_\_\_

Is the Biological mother of the child Jewish? • Yes • No

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

\_\_\_\_\_

If there has been a conversion in the family, please attach copy of certificate.

\_\_\_\_\_

## Parent Information

Father's Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

