

The Sheila Weisfeld Chabad Hebrew School Application

2017-2018

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 _____

