

CHABAD HEBREW SCHOOL
2010 - 2011

FAMILY INFORMATION:

Student's Name:

Student's Hebrew Name:

Birth Date: _____ Born Jewish Y / N

Grade Entering: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

E-mail: _____

School Name: _____

Father's Name: _____

Mother's Name: _____

Any adoptions/conversions in the family? Y / N

If yes, please explain _____

ABOUT YOUR CHILD:

◆ Does your child read basic Hebrew? Y / N

◆ Previous Religious School

Education: _____

◆ Does your child have any learning difficulties with general studies?

Explain:

‡ Is there anything you want us to know about your child that would help us to help him/her: _____

GENERAL:

‡ We grant permission for our child to be photographed in an individual or group picture which may be used by the school for p.r.

Signature: _____