

Chabad Hebrew School of Downtown San Diego

308 G Street, S Diego, CA 92101 – 619-289-8770 - www.ChabadDowntown.com

Application Form 2018-2019

Student's Name: _____ Hebrew Name: _____

Date of Birth: _____ Age: _____ Grade: _____ School Attending: _____

Mother's Name: _____ Hebrew Name: _____

Occupation: _____ Company Name: _____

Father's Name: _____ Hebrew Name: _____

Occupation: _____ Company Name: _____

Address: _____ Zipcode: _____

Phone Number: _____ Alternate Number: _____

Email Address: _____

Have your child(ren) attended Hebrew School before? _____

If yes, where and at what age? _____

Religious Affiliation: _____

Were there any conversions/adoptions in the family? Explain: _____

Siblings living at home (Names & Ages) _____

Does your child have any learning difficulties? _____

Special Instructions/Medical Conditions/Allergies? _____

Please note what you would like your child(ren) to achieve by attending Hebrew School _____

Emergency Contact Name: _____ Relation: _____

Phone Number: _____ Alternate Number: _____

I, _____ (parent's name), hereby permit my child, _____, to participate in all school and youth club activities and join in school trips on and beyond school properties. I am aware that photos and video may be used in promotional material and/or displayed on the website. In case of emergency, I hereby authorize the school to take whatever medical measures they deem necessary for my child.

Parent's signature _____ Date _____