



## Alef Hebrew School Application

### Student Information

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

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

Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

What school does your child attend?

\_\_\_\_\_

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:

\_\_\_\_\_

\_\_\_\_\_

### Parent Information

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

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

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

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

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

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

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

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

**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 Alef 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, Alef 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 Alef Hebrew School.

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date

Please mail completed form to: **Alef Hebrew School**  
**1739 Turnberry Dr.**  
**San Marcos, CA 92069**