



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