



B"H

# Chabad Hebrew School

## Enrollment Form

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### Student's Information:

Child's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Hebrew Name \_\_\_\_\_ Nickname \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Which school does your child attend? \_\_\_\_\_

Child's grade for the new school year \_\_\_\_\_

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

Does your child have any difficulties with his general studies? If yes, please specify \_\_\_\_\_

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### Parents' Information:

Mother (or Guardian Name) \_\_\_\_\_ Hebrew Name \_\_\_\_\_ Occupation \_\_\_\_\_

Business Phone \_\_\_\_\_ Email \_\_\_\_\_ Cell \_\_\_\_\_

Father (or Guardian Name) \_\_\_\_\_ Hebrew Name \_\_\_\_\_ Occupation \_\_\_\_\_

Business Phone \_\_\_\_\_ Email \_\_\_\_\_ Cell \_\_\_\_\_

Is mother Jewish?  Yes  No If Yes:  By Birth  By Conversion

Is father Jewish?  Yes  No If Yes:  By Birth  By Conversion

Any questions or inquiries can be directed to our office: 941-493-2770 or [www.chabadvenice.com](http://www.chabadvenice.com)