

Chabad Hebrew School Application

Student Information

Name: _____

Hebrew Name: _____

Birth date: _____ / _____ / _____ Age: _____ Male Female

Does your child have previous Jewish Education? Yes No

If yes, please describe: _____

What school does your child attend? _____ Grade: _____

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:

Any considerations, such as learning disorder or difficulty, the school should be aware of? (*Confidential*):

Parent Information

Father's Name: _____

Home Phone Number: _____

Work Phone Number: _____

Mobile Phone: _____ Email : _____

Occupation: _____

Mother's Name: _____

Home Phone Number: _____

Work Phone Number: _____

Mobile Phone: _____ Email : _____

Occupation: _____

Address: _____

City, State, Zip _____

PLAN C: You may use your credit card to pay the tuition on a monthly basis. Your credit card will be billed \$115.00 / \$95 monthly September - Jan. To do so please include your credit card number and expiration date on the next page.

Payment Options

Visa Mastercard Discover American Express

Card number _____ Expiration ____/____

Signature _____

Check

Cash

Please return application to:

Chabad Hebrew School
889 Sunnyhills Road
Oakland, CA 94610