

# Chabad of Briarwood Hebrew School

## Registration 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: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

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

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

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

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

Work Phone Number: \_\_\_\_\_

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

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

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

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

