

ARIEL Hebrew School Application Year 2008-2009

Student Information

Name: _____ Last Name _____

Does your child have a Hebrew name? _____

Home address: _____ City _____ Zip _____

Home phone: _____ Home phone 2 _____

Birth date: ____/____/____ Child's Gender: Boy Girl

School attending _____ Grade entering in Sept. 2008 _____

Does your child have any previous Jewish education? _____

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

Additional comments _____

Parent Information

Mother's Name: _____ Mobile Phone: _____

Work Phone Number: _____ Occupation: _____

Father's Name: _____ Mobile Phone: _____

Work Phone Number: _____ Occupation: _____

Email Address: _____ Email Address 2: _____

Is biological mother of the child Jewish by birth? Yes No Comments _____

If one parent is living separately please specify _____

Address _____ City _____ Zip _____

Home phone _____ Home phone 2 _____

How did you hear about us? _____ Referred by _____

Are you interested in educational programs for adults? Yes No

Are you interested in being a sponsor for one of our programs? Yes No

Emergency Information

Emergency Contact (**not** living with you): _____

Relation _____ Home Phone: _____

Work Phone: _____ Mobile Phone: _____

Doctor: _____ Phone Number: _____

Address: _____ City _____ Zip _____

Allergies or other Medical Condition: _____

As the parent(s) or legal guardian of _____, I authorize ARIEL Hebrew School to give my child medical care in case of emergency if we are unable to be reached. I further agree to pay all charges for that care and/or treatment.

Signature of parent or legal guardian

Date

Please mail the completed form to: ARIEL
6701 Old Pimlico Rd.
Baltimore, MD 21209