



B"YH
Chabad Hebrew School
Enrollment Form

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 read basic Hebrew? Yes No If Yes: Well Fair Poor

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

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: (925) 846-0700 or Fruma@JewishTriValley.com

-Enrollment and acceptance in Chabad Hebrew School is in no way a validation of one's status as a Jew-