

CHABAD HEBREW SCHOOL REGISTRATION 5770 / 2009-2010

Name of Student _____ Grade entering in the fall _____

Hebrew Name _____ Birthday _____ Age: _____

If you are registering more than one child please use the 2 lines below:

Name of Student _____ Grade entering in the fall _____

Hebrew Name _____ Birthday _____ Age: _____

Address: _____ City/State: _____ Zip: _____

Home Phone: _____ Home Phone #2: _____

Fax Number: _____ E-mail address: _____

Parents' Names _____

Father's Cell Number _____ Work Number: _____

Mother's Cell Number _____ Work Number: _____

If there's anything specific that we should know about your child, please write it in the space below:

Tuition – \$500

For Office Use Only:

Paid in full: _____

Head Checks: _____

Other: _____