

# Enrollment Application

To register, please fill out this application form with;  
Tuition: \$650 (includes registration, books, art supplies).

Please email [programs@chabadsj.com](mailto:programs@chabadsj.com) to discuss any financial considerations or to make a payment plan.

Registration is not complete until we receive all payment.

No one will be turned away for lack of funds.

Name of student \_\_\_\_\_  
(last) (First)

Student's Hebrew name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Date of Birth \_\_\_\_\_

School \_\_\_\_\_

Principal \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Email address \_\_\_\_\_

Name of Parents \_\_\_\_\_  
(Father) (Mother)

Occupation \_\_\_\_\_  
(Father) (Mother)

# Chabad Hebrew School S Jose BS"D

Business address (for emergency use):

Father \_\_\_\_\_ Phone # \_\_\_\_\_

Mother \_\_\_\_\_ Phone # \_\_\_\_\_

Father's cell # \_\_\_\_\_ Mother's cell # \_\_\_\_\_

Judaic knowledge: \_\_ Beginner \_\_ Intermediate \_\_ Advanced

Hebrew reading: \_\_ Beginner \_\_ Intermediate \_\_ Advanced

Is the mother Jewish from birth? \_\_\_\_\_

Any previous Hebrew School attended: \_\_\_\_\_

Is there any specific material/ information you would like to be taught? \_\_\_\_\_

Please list any medical information we should know about. \_\_\_\_\_

Parents: Are there any activities that you can help out with or arrange for Hebrew School? What are your areas of expertise? \_\_\_\_\_

If you have any further questions or information you would like to find out about, please email Frumie Cunin at [frumie@chabadsj.com](mailto:frumie@chabadsj.com) or call (408) 687-5027.

**I am enclosing my tuition to reserve a place for \_\_\_ child(ren) in your school.**

**Upon completion of form please mail to: Chabad of S. Jose, 15405 Los Gatos Blvd Suite 204 Los Gatos CA 95032.**

*We look forward to an exciting fun time with your children- here at the Chabad Hebrew School.*