

LUBAVITCH EDUCATIONAL CENTER

Lubavitch Preschool · Lubavitch Elementary School
Klurman Mesivta High School for Boys · Beis Chana Middle and High School for Girls

~ APPLICATION FOR REGISTRATION ~ תשע"ב - תשע"ג · 2012 - 2013

FAMILY LAST NAME: _____

FATHER: Full Legal Name: _____ Hebrew Name: _____

Date of Birth: _____ Social Security No.: _____

Home Address: _____ Apt. No. _____

City: _____ State: _____ Zip: _____ Email address: _____

If you do not wish to receive regular emails from Lubavitch Educational Center, please check here .

Home Phone: _____ Fax: _____

Cellular: _____ Business Phone: _____

Place of Employment: _____ Position: _____

Address: _____ City: _____ State: _____ Zip: _____

Jewish from Birth: Y _____ N _____ If no, please include all conversion documents with application.

MOTHER: Full Legal Name: _____ Hebrew Name: _____

Date of Birth: _____ Social Security No.: _____

Home Address: _____ Apt. No. _____

City: _____ State: _____ Zip: _____ Email address: _____

If you do not wish to receive regular emails from Lubavitch Educational Center, please check here .

Home Phone: _____ Fax: _____

Cellular: _____ Business Phone: _____

Place of Employment: _____ Position: _____

Address: _____ City: _____ State: _____ Zip: _____

Jewish from Birth: Y _____ N _____ If no, please include all conversion documents with application.

Family Synagogue Affiliation: _____ Marital Status: Married _____

Divorced _____ Separated _____ Widow/Widower _____

List Children to Be Enrolled:

#1	Full Name		SSN#:	Special Needs <i>Please indicate any special needs or concerns you may have that we should be aware of (i.e. learning difficulties, emotional problems, physical impairments):</i>
	Legal Name:		Grade Entering:	
	Hebrew Name:			
	Name Child Goes By:			
	Date of Birth		NEW STUDENTS ONLY: A copy of official birth certificate is included with registration. <input type="checkbox"/> Yes <input type="checkbox"/> No	
English Date: mm/dd/yyyy	Hebrew Date:			
#2	Full Name		SSN#:	Special Needs <i>Please indicate any special needs or concerns you may have that we should be aware of (i.e. learning difficulties, emotional problems, physical impairments):</i>
	Legal Name:		Grade Entering:	
	Hebrew Name:			
	Name Child Goes By:			
	Date of Birth		NEW STUDENTS ONLY: A copy of official birth certificate is included with registration. <input type="checkbox"/> Yes <input type="checkbox"/> No	
English Date: mm/dd/yyyy	Hebrew Date:			
#3	Full Name		SSN#:	Special Needs <i>Please indicate any special needs or concerns you may have that we should be aware of (i.e. learning difficulties, emotional problems, physical impairments):</i>
	Legal Name:		Grade Entering:	
	Hebrew Name:			
	Name Child Goes By:			
	Date of Birth		NEW STUDENTS ONLY: A copy of official birth certificate is included with registration. <input type="checkbox"/> Yes <input type="checkbox"/> No	
English Date: mm/dd/yyyy	Hebrew Date:			
#4	Full Name		SSN#:	Special Needs <i>Please indicate any special needs or concerns you may have that we should be aware of (i.e. learning difficulties, emotional problems, physical impairments):</i>
	Legal Name:		Grade Entering:	
	Hebrew Name:			
	Name Child Goes By:			
	Date of Birth		NEW STUDENTS ONLY: A copy of official birth certificate is included with registration. <input type="checkbox"/> Yes <input type="checkbox"/> No	
English Date: mm/dd/yyyy	Hebrew Date:			

SCHOLARSHIP: I have included my 2012-2013 General Scholarship Application

MEDICAL INFORMATION

Family Pediatrician/Primary Caregiver

Name: _____ Address: _____ City: _____

Office Phone: _____

Insurance

Insurance Company: _____ Is your family receiving Medicaid? Yes _____ No _____

I hereby affirm all of the above information to be true and correct.

Parent Signature: _____ Date: _____

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For Office Use Only:

Date Received: _____ Registration Fee: _____ Insurance Fee: _____ Book Fee: _____

Immunization Records: _____ Student Card: _____ Enrollment Contract: _____

Admitted: Y _____ N _____