



Name of Student: _____ Hebrew Name: _____

Date of Birth: _____ How did you learn about us? _____

Grade of application: _____ Today's Date _____

Current School: _____

Synagogue Affiliation: _____

If you are not affiliated, would you like to receive information about our sponsoring synagogues? _____

Home Address: _____

Phone #: _____ Email: _____

Parent/Guardian (1) _____ Parent/Guardian (2) _____

Relationship to child _____ Relationship to child _____

Employer: _____ Employer: _____

Preferred Phone: _____ Preferred Phone: _____

Preferred Email: _____ Preferred Email: _____

Aleph Bet Jewish Day School does not discriminate on the basis of race, religion, gender, handicap, or nation of origin in the acceptance of students or the employment of staff.

Please return this form, along with a non-refundable \$100 Application Fee, to:

Aleph Bet Jewish Day School
1125 Spa Road
Annapolis, Maryland, 21403

Your returned check is your receipt.

Parent signature Date