

TEMPLE SHALOM OZRIM

NAME _____ SOCIAL SECURITY: _____ - _____ - _____

PLEASE PRINT ALL INFORMATION

ADDRESS: _____ CITY: _____

ZIP: _____ PHONE: (____) _____ - _____ BIRTHDATE: ____ / ____ / _____

CELL: (____) _____ - _____

PARENT'S NAME: _____

STUDENT E-MAIL ADDRESS: _____

PARENT E-MAIL ADDRESS: _____

EDUCATION

WHAT WILL BE YOUR GRADE LEVEL IN SCHOOL IN SEPTEMBER? _____

WHERE DO YOU CURRENTLY ATTEND SCHOOL? _____

JEWISH EDUCATION BACKGROUND

ARE YOU A MEMBER OF ANY JEWISH YOUTH ORGANIZATION(S)? LIST: _____

WHAT GRADES WOULD YOU FEEL MOST COMFORTABLE WITH? _____

WOULD YOU BE MORE COMFORTABLE IN A: _____ JUDAICA CLASS _____ HEBREW CLASS _____ BOTH

HAVE YOU EVER HAD EXPERIENCE TEACHING BEFORE? LIST (AIDE, CAMP, SPORTS, ETC.):

I understand that this form is not an agreement that I will be selected to participate in the Ozrim program, but merely an application. I hereby swear that the above information is all true.

(Applicant)

(Date)

I hereby approve of my child applying for a position in Temple Shalom's Ozrim program.

(Applicant's parent)

(Date)

- see back -

