

Hebrew School Inquiry Form

Thank you for your interest in Or Zarua's Hebrew School!
So we can best help you, please fill out the following form and email it to Helene,
hsanto@orzarua.org.

Parent 1

Name: _____

Hebrew Name: _____
(Hebrew name ben/bat mother's Hebrew name and father's Hebrew name)

Preferred Phone Number: _____

Preferred Email Address: _____

Parent 2

Name: _____

Hebrew Name: _____
(Hebrew name ben/bat mother's Hebrew name and father's Hebrew name)

Preferred Phone Number: _____

Preferred Email Address: _____

Please fill out the back with information on your child(ren).

Child 1

Name: _____

Hebrew Name: _____
(Hebrew name ben/bat mother's Hebrew name and father's Hebrew name)

Grade: _____

Child 2

Name: _____

Hebrew Name: _____
(Hebrew name ben/bat mother's Hebrew name and father's Hebrew name)

Grade: _____

Child 3

Name: _____

Hebrew Name: _____
(Hebrew name ben/bat mother's Hebrew name and father's Hebrew name)

Grade: _____

Child 4

Name: _____

Hebrew Name: _____
(Hebrew name ben/bat mother's Hebrew name and father's Hebrew name)

Grade: _____

Please list any specific questions you have about our Hebrew School and Congregation Or Zarua.