



**APPLICATION FOR YKLA
SUMMER 5778-2018**

בס"ד

ישיבה אור אלחנן חב"ד
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FAMILY PROFILE

FATHER'S FIRST & LAST NAME:			MOTHER'S FIRST & LAST NAME:		
FULL HEBREW NAME			FULL HEBREW NAME		
ADDRESS			ADDRESS (IF DIFFERENT)		
CITY	STATE	ZIP	CITY	STATE	ZIP
HOME PHONE	CELL		HOME PHONE	CELL	
EMAIL			EMAIL		
OCCUPATION	BUSINESS NAME		OCCUPATION	BUSINESS NAME	
MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED					

STUDENT PROFILE

STUDENT LEGAL FIRST & LAST NAME	HEBREW NAME
DATE OF BIRTH (ENGLISH)	DATE OF BIRTH (HEBREW)
STUDENT CELL NUMBER	
STUDENT RESIDES WITH <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER	
WILL STUDENT LIVE IN THE DORMITORY? <input type="checkbox"/> YES <input type="checkbox"/> NO	

LIST PREVIOUS SCHOOLS AND SUMMER PROGRAMS STUDENT ATTENDED

CURRENT SCHOOL ATTENDING	CITY	PHONE
MAIN TEACHER	PRINCIPAL	GRADE
CAMP ATTENDED IN 2016		
STUDENT SIGNATURE	DATE	PARENT SIGNATURE
		DATE