

Congregation
Ohr HaTorah

a project of Lubavitch of North Carolina



6619 Sardis Road • Charlotte, NC 28270 • 704-366-3984

Talmud Torah Application Form

Student Name: _____ Hebrew Name _____

Date of Birth: _____ Male _____ Female _____

Name of school child is attending: _____

Grade attending 2009-10: _____

Parent(s) Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Home Phone: _____ Work Phone: _____

Father's Cell Phone: _____ Mother's Cell Phone: _____

E-mail: _____

Please list all allergies: _____

I give permission for my child, _____, to attend all field trips during the 2009-2010 school year.

Signature of Parent

Date