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| --- | --- |
| **Parent Information** | |
| Surname |  |
| First name |  |
| Mobile phone |  |
| Home /work phone  (optional) |  |
| Email address |  |
| **Student 1** | |
| Surname |  |
| First name |  |
| Age |  |
| Previous Hebrew lessons **Please circle** | No / Yes |
| **Hebrew knowledge level**  **Please circle ones that apply** | **knows letters/ knows vowels/ reads simple words or sentences/ understands spoken Hebrew/**  Any other information you wish to provide |
| **Student 2** | |
| Surname |  |
| First name |  |
| Age |  |
| Previous Hebrew lessons **Please circle** | No / Yes |
| **Hebrew knowledge level**  **Please circle ones that apply** | **knows letters/ knows vowels/ reads simple words or sentences/ understands spoken Hebrew/**  Any other information you wish to provide |
| **For additional students email two pages** | |