



# ALEPH CHAMP HEBREW SCHOOL

4464 Alamo St., Simi Valley, CA 93063 \* (805) 577-0573 \* [www.chabadsimi.org](http://www.chabadsimi.org)

*"where Judaism comes alive for today's children!"*

## TRANSPORTATION FORM

Please print clearly.

### Student Info:

Child Name \_\_\_\_\_

School Attending \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Any special concerns/needs?

### Parent Info:

Father's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Number: \_\_\_\_\_

Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

#### **EMERGENCY CONTACT:**

**Name** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Phone #** \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Number: \_\_\_\_\_

Cell #: \_\_\_\_\_

Email : \_\_\_\_\_

#### **EMERGENCY CONTACT:**

**Name** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Phone #** \_\_\_\_\_

### School Info:

School Name \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

Contact Person: Name \_\_\_\_\_ Position \_\_\_\_\_ Phone # \_\_\_\_\_

Attending after-school club? (Y or N)

After-School Club \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

Contact Person: Name \_\_\_\_\_ Position \_\_\_\_\_ Phone # \_\_\_\_\_

☐ I give my child \_\_\_\_\_ permission to be **picked up** by the ACHS staff at \_\_\_\_\_ and to be transported to the Aleph Champ Hebrew School which begins at 3:15 PM on Tuesdays throughout the 2017—18 school year, as outlined in the ACHS calendar.

☐ I give my child permission to be **dropped off** by the ACHS staff at \_\_\_\_\_ on Tuesdays, after Aleph Champ Hebrew School is over—after 5:00 PM throughout the 2017-18 school year, as outlined in the ACHS calendar.

☐ \_\_\_\_\_ (parent/legal guardian/caregiver) will pick up child on Tuesday from Hebrew School at 5:00 PM.

Parent's Signature x \_\_\_\_\_ Date \_\_\_\_\_