

STUDENT INFORMATION FORM



Name: _____

Birthdate: _____ Matital Status: _____

What is the country of origin of your parents and grandparents?

Are you willing to have your home address and phone number in a class roster?

Yes No

Are you affiliated with a congregation?

Yes No

If yes, please specify:

Which of the following Jewish learning experiences did you have as a child?

- Jewish preschool
- Hebrew day school before age 13
- Supplementary after school
- Jewish camp
- Jewish youth group
- Yeshiva
- Other: _____
- None

Did you become Bar/Bar Mitzvah?

Yes No

Have you visited Israel?

Yes No

Would you be interested in participating in a Melton study trip to Israel?

Yes No

Which of the following Jewish learning experiences have you had as an adult?

- Judaic or Hebrew studies offered by a college
- Hillel programs
- Synagogue courses
- Lecture series
- Study weekends or retreats
- Chavurah
- Adult Bar/Bat Mitzvah class
- Study with a Rabbi
- Conversion classes
- Other: _____
- None

From what sources did you learn about the Florence Melton Adult Mini-School in your community?

- Brochure/flyer
- Friend
- Jewish newspaper article
- Jewish newspaper ad
- Rabbi
- Other: _____

Please write briefly about the reasons why you would like to participate in the Florence Melton Adult Mini-School, and what you hope to gain from this experience.
