



UNITED HERZLIA SCHOOLS

בתי"ס המאוחדים הרצליה

CONTACT DETAILS

Dear Parents,

In order to ensure that parents are contactable at all times and to furnish the school with important information, please complete the following questionnaire and return to your child's teachers as soon as possible.

Thanking you for your prompt co-operation.

Yours sincerely,

JOS HORWITZ
EARLY CHILDHOOD EDUCATION DIRECTOR

CHILD'S NAME: _____

FATHER'S NAME: _____

ADDRESS: _____

TELEPHONE NO: _____ CELL NO: _____

MOTHER'S NAME: _____

ADDRESS: _____

TELEPHONE NO: _____ CELL NO: _____

FAMILY DOCTOR: _____

TELEPHONE NO: _____

EMERGENCY NO: _____

EMAIL ADDRESS FOR SCHOOL NEWSLETTER: _____

CHILD'S LIFT SCHEME:

DAY OF THE WEEK	NAME	PHONE NUMBERS
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		

PLEASE NOTE that the lift scheme mother must notify the school of a contactable phone number on the morning of her duty.

PARENTS NAME: _____ **SIGNED:** _____

PLEASE PASTE ONE COPY INTO THE CHILD'S SUITCASE AND HAND THE OTHER TO THE TEACHER.