

# Aliyah Questionnaire: Child Minor

*Please answer and write all questions clearly and in print.*

Applicant/Family:	Date:
Shaliach:	
Expected Date of Aliyah:	

CHILD (minor):			
Surname English:			
Surname Hebrew:			
First Name English:			
First name Hebrew:			
Former name English:			
Former first name Hebrew:			
Country of Residence last year:			
Province:			
City:			
Zip Code:			
Street address			
House no:			
Flat name & no:			
Date of Birth:			
City of Birth:			
Country of Birth:			
Gender:	M	F	
Religion:			
Religious affiliation	Ultra-orthodox	Orthodox	Conservative
	Reform/Prog	Traditional	Secular

<b>Level of Education:</b> Only circle one	1 <sup>st</sup> Degree, 2 <sup>nd</sup> Degree, 3 <sup>rd</sup> Degree, High school student, not reported, partial, post sec (non academic), post secondary education, practical engineer, primary school, Professional education, secondary without matric, secondary with matric, seminar, technical education, under 6 years old, uneducated, university student, yeshiva									
<b>Mother Tongue:</b>										
<b>Additional Language:</b>										
<b>Hebrew speaking</b>	None		Poor		Fair		Good		Excellent	
<b>Hebrew reading</b>	None		Poor		Fair		Good		Excellent	
<b>Hebrew writing</b>	None		Poor		Fair		Good		Excellent	
<b>Israeli ID Number:</b>							Year Issued	/	/	
<b>Israeli Passport no:</b>							Expiry date	/	/	
<b>Nationality:</b>										
<b>Passport no.</b>							Issued	/	/	
							Expiry date	/	/	
<b>Laissez-passer:</b>										
<b>Additional Nationality</b>										
<b>Passport no.</b>							Expiry date	/	/	
<b>Previous Nationality</b>										
<b>Passport no.</b>							Expiry date	/	/	
<b>Have you committed any actions against the Jewish people?</b>									Y	N
<b>Do you have any infectious illnesses that may endanger the public health?</b>									Y	N
<b>Do you have any psychiatric illnesses?</b>									Y	N
<b>Have you been convicted of any crimes?</b>									Y	N
<b>Are you involved in any legal proceedings, including warrant of arrest (from any country) against you or are you wanted by any legal authorities?</b>									Y	N
<b>Father's first name English:</b>										
<b>Father's first name Hebrew:</b>										

Father's last name English:			
Father's first name Hebrew:			
Father's former last name:			
Father's date of birth:			
Father's Israeli ID no:			
Mother's first name English:			
Mother's first name Hebrew:			
Mother's last name English:			
Mother's last name Hebrew:			
Mother's maiden name English:			
Mother's maiden name Hebrew:			
Mother's date of birth:			
Mother's Israeli ID no:			
Jewish Education:		Jewish Day School or Yeshiva/ Jewish Summer Camp/ Zionist-youth movement/ Adult Jewish education/Part-time Jewish Educations/ Other:	
Jewish community involvement:		Synagogue/ Jewish Community Center/ Philanthropy/ student organizations/other Jewish organisations/ Jewish newspaper&magazine subscription/ member of Israel or Zionist organization/ sports club/ community holiday celebrations&programs/ Jewish professional organization/Chabad	
Israel Experience programs:		Birthright/ Long term programs (MASA)/Yeshiva or Midrasha/ High school summer camp/ Private visits/ Internship/MDA/Marva/Volunteer or Sar-El/Pilot Tours/ Short term programs for youth leadership/ Ulpan Kibbutz/ JAFI Day Tours/Gap Year	
Member: Jewish/Zionist Youth movement		Bnei Akiva/ Young Judea/Habonim/Hashomer Hatzir/ Beitar/ Maccabbi/Netzer/others:	
Jewish agency activities		Info&Aliyah Expos/ Seminar/ Ulpan/ Orientation meetings/ Lectures&caravans/ Chuggai&Moadonai Aliyah/	
Do you belong to a synagogue:		Y	N

**Confidential**

\_\_\_\_\_ Date:

For Office Use  
Jewish Agency – Aliyah Department  
\_\_\_\_\_ In

**Health Declaration for Minor Children**  
(under age 18)

This document is to be filled out by the parents of children under age 18 requesting an aliyah visa to Israel for their children according to the Law of Return, through the Aliyah Office of the Jewish Agency

A. **Personal information on the minor**

Last name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
First name \_\_\_\_\_  
Date of birth \_\_\_\_\_

Approximate date of aliyah \_\_\_\_\_  
Making aliyah with parents Yes / No \_\_\_\_\_  
If not, indicate who in Israel is responsible for the minor:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

B. **Information on candidate's medical condition**

1. Is the child in good physical health and is s/he capable of fulfilling daily tasks independently? Yes \_\_\_\_\_ No \_\_\_\_\_  
If not, please specify: \_\_\_\_\_

2. At the time of the request for aliyah, is the child:  
Attending regular/special school – in what grade? \_\_\_\_\_  
If the child attends special school or is in a special class, please specify:  
The child is working \_\_\_\_\_

3. Has the child suffered in the past, or is s/he currently suffering, from one of the following illnesses:

Epilepsy	Yes / No
Asthma	Yes / No
Kidney failure	Yes / No
Heart disease	Yes / No

Cancer	Yes / No
Tuberculosis	Yes / No
Diabetes	Yes / No
HIV	Yes / No
HIV carrier	Yes / No

If you answered "Yes", please indicate the following:  
When did s/he contract this illness? \_\_\_\_\_  
When was s/he last treated for this illness/es? \_\_\_\_\_

4. Is the child taking any medications: Yes / No If so, please indicate:

1. _____	_____	_____
Name of medication	Purpose	Daily dosage
2. _____	_____	_____
Name of medication	Purpose	Daily dosage
3. _____	_____	_____
Name of medication	Purpose	Daily dosage

5. If the child suffers from any disability, please indicate:

Type of disability \_\_\_\_\_

Reasons and start of disability \_\_\_\_\_

Are there functional restrictions \_\_\_\_\_

If your child requires ongoing medical treatment for this disability, please note the type of treatment s/he requires \_\_\_\_\_

6. Is your child currently suffering, or has s/he suffered in the past, from any mental illness? Yes / No

If so, please specify: Name of illness: \_\_\_\_\_

Date of last doctor's treatment for this illness \_\_\_\_\_

If s/he was hospitalized, date of latest hospitalization \_\_\_\_\_

7. Has your child taken in the past, or is s/he currently taking, either occasionally or on a regular basis

- Addictive medications Yes / No

- Drugs (of any kind) Yes / No

- Alcohol Yes / No

If so, indicate: Name of medication/drug \_\_\_\_\_

When did s/he last take it \_\_\_\_\_

8. Can your child endure the flight to Israel Yes / No

If necessary, please consult with your family physician.

C.

**Parents' Declaration**

I hereby declare that the details provided above are correct and were given with the knowledge that they will serve as a basis for considering our child's request for aliyah to Israel and as a basis for information and disposition in this regard.

Furthermore, I am aware that this statement does not absolve me from the need to produce medical documents, from our family physician or medical institution, as requested by the Aliyah Ministry.

Father's name and signature \_\_\_\_\_

Mother's name and signature \_\_\_\_\_

Date: \_\_\_\_\_

In the event that the child makes aliyah with only one parent, that parent shall sign the himself/herself and prove that s/he has sole custody of the child, or submit to the shaliach the other parent's authorization for the child's aliyah.

**FOR USE BY THE ALIYAH OFFICE**

The candidate has been asked to produce additional medical documents Yes / No  
Details of documents requested

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Documents are attached Yes / No

\_\_\_\_\_  
\_\_\_\_\_

The candidate has been asked to undergo a medical examination Yes / No  
Findings of the examination

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of aliyah shaliach \_\_\_\_\_ Date \_\_\_\_\_

Date on which the desk's aliyah approval was received \_\_\_\_\_

1/1/04