

Aliyah Questionnaire: Child major

Please answer and write all questions clearly and in print.

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

Child (16-21):			
Surname English:			
Surname Hebrew:			
First Name English:			
First Name Hebrew:			
Former name:			
Country of Residence last year:			
Province:			
City:			
Zip Code:			
Street address			
House no:			
Flat name & no:			
Home Phone:	00-27-		
Mobile Phone:	00-27-		
Fax:			
E-mail:			
Date of Birth:			
City of Birth			
Country of Birth:			
Valid Driver's license:	Y	N	

Military service	Y	N							
Gender:	M	F							
Marital Status:	Married		Single		Divorced				
	Partners		Separated		Widow/er				
Religion:									
Religious affiliation	Ultra-orthodox		Orthodox		Conservative				
	Reform/Prog		Traditional		Secular				
Level of Education: Only circle one	1 st Degree, 2 nd Degree, 3 rd 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								
Field of Education: Only circle one	Advertising, Agriculture, Air Condition, Archive, Architecture, Art/Cinema/Show business, Aviation, Banks, Beauty Care, Butcher, Carpenter, Child Care, Commerce/Trade, Computers, Cookery/Food, Dental, Design, Diamonds, Drawings, Driving/Transportation, education, electronics, emergency services, exact science, financial management, gardening, government official, guarding/imprisonment, Hotel, House keeping, Hunting, industrial & management, insurance, Jeweller, Journalism, Judaism/religion, law, librarian, Mail, Maintenance, Manager/Executive, Marketing/Sales, Mechanic, Medicine, Metallurgy, Metal worker, Military, Mining, Music, Nature Sciences, Non-professional worker, Nursing, Optics, Other, Painting, Paramedic, Pharmacy, Photography, Plastic Arts, Plumbing, Poet, Politics, Porter, Printing, Psychology, Seamanship, Secretarial, Shoe maker, Social Sciences, Social Worker, Sports, Student, Surveying, Switchboard operator, Textile, Translator, Travel/Tourism, Undertaker, Veterinary Medicine								
Occupation:									
Israeli Address (First Address)									
Israeli Mobile/Home									
Mother Tongue:									
Additional Language:									
Hebrew speaking	None		Poor		Fair		Good		Excellent
Hebrew reading	None		Poor		Fair		Good		Excellent
Hebrew writing	None		Poor		Fair		Good		Excellent

Israeli ID Number:		Year Issued	/ /
Israeli Passport no:		Expiry date	/ /
Nationality:			
Passport no.		Issued	/ /
		Expiry date	/ /
Laissez-passer:			
Additional Nationality			
Passport no.		Expiry date	/ /
Previous Nationality			
Passport no.		Expiry date	/ /
Have you committed any actions against the Jewish people?			
			Y N
Do you have any infectious illnesses that may endanger the public health?			
			Y N
Do you have any psychiatric illnesses?			
			Y N
Have you been convicted of any crimes?			
			Y N
Are you involved in any legal proceedings, including warrant of arrest (from any country) against you or are you wanted by any legal authorities?			
			Y N
Father's first name English:			
Fathers first name Hebrew:			
Father's last name English:			
Father's last name Hebrew:			
Father's former last name:			
Father's date of birth:			
Father's Israeli ID no:			
Mother's first name English:			
Mothers first name Hebrew:			
Mother's last name English:			
Mothers 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 _____ day month year
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