

TEMPLE OF AARON BAR/BAT MITZVAH INFORMATION FORM
(Please return to the Rabbi when you set your Bar/Bat Mitzvah appointment.)

NAME: _____

AGE: _____ **GRADE:** _____ **NAME OF SCHOOL:** _____

HEBREW NAME: _____

MOTHER'S HEBREW NAME: _____

FATHER'S HEBREW NAME _____

Favorite class in school?

Why?

Favorite Activities: (sports, lessons, hobbies, where you like to spend your time)

Tell me about your favorite activity. (What position do you play?)

Have you done any community service work? _____ Tell me about it:

What are your interests for the future? What kind of work do you think you would like to do? What do you see yourself doing 10 years from today?

What was your favorite class in Religious School and/or Hebrew School?

Why was it your favorite?

What is your favorite part of the Shabbat Service?

Why do you like it?

What is there in your room/home that would identify you as “Jewish”?

Do you attend a Jewish Summer Camp?

Have you visited Israel?

If not, would you like to?

Tell me something special your friends would say about you: