

**Achva**

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**Returnee Abbreviated Application:**

*As a returnee, we have all your basic information on file. If your information has remained the same please continue to fill out this form. If some information has changed (i.e. new cell number, changed email, etc.) please write it on the back of this form.*

**Program:** \_\_\_\_\_

Name First: \_\_\_\_\_ Last: \_\_\_\_\_

Legal Name \_\_\_\_\_

Passport Number (for Israel Applicants Only) \_\_\_\_\_

Parents' Marital Status (Please circle): Married    Separated    Divorced    Widowed

If separated or divorced, applicant resides with: \_\_\_\_\_

If necessary please provide a second mailing address and indicate which parent the information should be sent to.

**IN CASE OF EMERGENCY:**

Name	Address	Phone	Relationship

**By signing below you agree to the following:**

**I, the parent/guardian, and my child, the participant, have read the information provided under the About Achva tab on the Achva web site including the Policies section which contains a description of Achva's rules and policies. We understand these rules and policies and agree that they shall be binding upon us. We further agree that disregard or violation of these rules and policies will be considered sufficient grounds for expulsion from the program, at our expense for any additional costs, and with no refund of any funds paid for his/her participation in the program.**

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_