

**Congregation Sinai Religious School 5771 (2010 – 2011)**

**HELP OUR SCHOOL KNOW YOUR CHILD**

**Please describe any special circumstances that will help us to provide your child with the best possible Jewish learning experience.**

\_\_\_\_\_ This information is for the Director of Education only.

\_\_\_\_\_ This information can be shared with my child's teacher.

\_\_\_\_\_ Please call me so that we can discuss my child further.

Student \_\_\_\_\_  
First Name Last Name Hebrew Name

Parent/Guardian #1 \_\_\_\_\_  
First Name Last Name Hebrew Name

Parent/Guardian #2 \_\_\_\_\_  
First Name Last Name Hebrew Name

Does your child have any learning difficulties? Please describe them for us.

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

Is your child receiving specialized support services in or out of his/her secular school setting?

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

Is your child on any medication? \_\_\_\_\_ If yes, please specify what it is for?

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

Has there been a family event (divorce, death, remarriage, etc.) within the last few years that might require special attention/knowledge? \_\_\_\_\_ If yes, please specify.

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

Are there any other important facts you would like to share in regards to your child?

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

\_\_\_\_\_  
Parent/Guardian Name Signature Date