

**TEMPLE BETH TORAH RELIGIOUS SCHOOL  
CONFIDENTIAL INFORMATION FORM – 2018-2019**

We want to meet the educational needs of your child to the best of our ability. In order to do so, we would appreciate your responses to the following questions so that we may be fully informed about the factors that may affect your child's learning. Please update this form annually.

**This form will be removed from the rest of the registration packet and will be kept in the educator's office. I give my permission for my child's teachers to see this page:** \_\_\_\_\_

Student's Name \_\_\_\_\_

Student's Birth Date \_\_\_\_\_ Student's Grade \_\_\_\_\_

Please explain in detail any special needs your child may have. Include diagnostic information if applicable.

\_\_\_\_\_

Are there any issues which may affect your child's attendance at religious school? \_\_\_\_\_

\_\_\_\_\_

Is your child in any enrichment/support programs in his/her school? \_\_\_\_\_

Does your child have any medical conditions of which we should be aware, (i.e. food/insect allergies, asthma, or diabetes)? Please explain: \_\_\_\_\_

\_\_\_\_\_

Is your child on any medication at all on a regular or seasonal basis? Please indicate which medications, and the reason your child takes it. Will there ever be an occasion where your child may need this medication during a school session?

\_\_\_\_\_

Are there any special family situations of which we should be aware (such as single parent, joint custody or intermarriage, recent death, serious illness)? \_\_\_\_\_

\_\_\_\_\_

Is there any other information that you believe we should know in order to meet your child's needs in the best and most appropriate way we are able. If your child has an IEP or a 504 in school, please include pertinent information here, and attach a copy to this form. \_\_\_\_\_

\_\_\_\_\_

Please use this space to tell us more about your child. How does s/he learn best? What can we do as a school to help your child get the most out of our programming? \_\_\_\_\_

\_\_\_\_\_

What are your goals for your child's Jewish education? \_\_\_\_\_

\_\_\_\_\_

Our goal is to do everything we can to meet the needs of every student and family. If there is anything further that you would like to discuss, please give the best time to call and Meredith Hirschberg will contact you.

Parent's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Best time to call: \_\_\_\_\_

**If necessary, please use the reverse side of this sheet and/or add additional page(s).**