

Section B: Additional Student - Enrollment Information

IMPORTANT: THIS SECTION MUST BE FILLED OUT FOR EACH STUDENT YOU ARE ENROLLING

Student Information

First Name: _____

Last Name: _____

Hebrew Name (If Known): _____

Hebrew Name (In English, If Known): _____

Birthdate (MM/DD/YYYY): _____

Pronouns: _____

Phone Number (if applicable): _____

Email address (if applicable): _____

This address may be used to send homework and/or school updates.

Grade for 2023-24 School Year: _____

Secular School Name: _____

STUDENT NAME: _____

Special Learning Needs:

If yes, please call the office if you would like to sit down with your child's religious school teacher before the school year begins so that we are able to discuss the best ways to support your child.

Major changes/disruptions in the student life this year?:

Allergies or Medications:

STUDENT NAME: _____

Has the student received any COVID-19 vaccinations?

_____ No

_____ Yes

_____ Yes, but has not completed the two week waiting period

Please check all the vaccinations Student 1 has had:

_____ Chickenpox (varicella)

_____ DTap

_____ Hepatitis A

_____ Hepatitis B

_____ Polio (IPV)

_____ MMR

Does the student carry an Epi-Pen?:

_____ No

_____ Yes

Does Student 1 have an IEP or 504 plan?

_____ No

_____ Yes