CONGREGATION BETH EL
MORRIS & ETHEL NAVASKY RELIGIOUS SCHOOL

109 East Avenue Norwalk, CT 06851 phone: 203-838-2710 fax: 203-838-2659 e-mail: navasky@congbethel.org

PLEASE COMPLETE ONE FORM PER STUDENT

REGISTRATION FORM 2017-2018

STUDENT INFORMATION

Student Name _____

Hebrew Name_____ Gender: M or F Date of Birth ____ / ____ / ____

Address _____
Street City State Zip

Phone_____ Grade in 2016-17_____ School _____

MEDICAL INFORMATION

Please inform us of any allergies and/or medical conditions that may impact your child during Hebrew School hours:

____My child requires a peanut-free environment
Medications (no medications can be administered in Hebrew School without a physician's written authorization):

GENERAL LEARNING PROFILE (please note that confidentiality will be respected at all times)

Does your child have any type of special learning need? Y or N If yes, please explain:

Does he/she receive any special services for secular school, such as special education classes, resource room pull-out program, or other services? If so, please explain.

Is there anything else you would like us to know about your child (subjects that he/she particularly likes or dislikes, special interests or hobbies, areas of strength or weakness, significant changes in school or at home that your child has experienced in the past year, etc.)?