

Temple Sinai Religious School
2007-2008
INDIVIDUAL STUDENT REGISTRATION FORM

Please fill out a separate form for each student. Please fill out BOTH sides.
The information you provide will help us best serve the individual needs of your child.
Please note that all fees, including school and books, must be included with this form.
ALL TEMPLE FEES MUST BE PAID IN FULL PRIOR TO RELIGIOUS SCHOOL REGISTRATION.

Student's Name _____ Birth Date _____

Hebrew Name (if known) _____ Grade in Secular School _____

Name of Secular School _____

Does your child have any special interests/talents of which s/he is particularly proud?

Does your child have: visual impairments hearing impairments
 emotional difficulties special learning needs

Please explain: _____

Does your child have any **food allergies** or other health concerns of which we should be aware?

Does your child have illnesses, special family arrangements, sports, or school obligations that may affect regular attendance at school?

Is your child taking any medications regularly? Please explain.

Are there any special family situations of which you would like us to be aware? (e.g. family illness, divorce, remarriage, non-Jewish parent, new birth?) Please explain.

Do you have any concerns that you would like to share with us about your child?

If you would like to meet with the Director of Education to discuss school-related concerns, please call the Religious School office at 621-8016.

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