

**For Office Use Only**

Rec'd _____
Amt Due: _____
Amt. Rec'd _____
Check #: _____
C. Code: _____

RELIGIOUS SCHOOL

5780/2019-2020 STUDENT ENROLLMENT FORM

Please complete one form for each student

Student Name: _____ Phone Number: _____
(Last, First, Middle)

Hebrew Name: _____ Grade Entering in Fall: _____

Address: _____ City/Zip: _____

Public/Private School: _____ Date of Birth: _____

Names of Siblings

Birthdate

Grade '19-'20

Name of Public/Private School

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Student name: _____



Student Information Form and Medical Emergency Permission Statement

(To be completed for each student by a parent)

Permission Agreement

I hereby grant permission for the B'nai Israel Education Center staff to take whatever steps may be necessary to obtain emergency medical care, if warranted, for _____
(Student's name)

Signed: _____ Date: _____

Name of Insurance Company: _____

Membership/Policy Number: _____

Emergency Contact: _____ Cell Phone: _____
(A local person **other** than a parent)

Relationship to student: _____ Home Phone: _____

Doctor's Name: _____ Phone Number: _____

_____ I certify that immunizations for my child are up to date according to the State of Connecticut Department of Public Health immunization requirements for enrolled students in Connecticut schools. *If your child has a **medical exemption** please call us at 203-366-1858 and we will forward you an exemption form to you.*

Is this your child's first year of Religious School? ☐ No ☐ Yes

Please list the names of no more than two friends you hope might be in class with your child. (We make no promises, but will do our best to pair your child with at least one of them **if this form is received by August 17.**)

What are your Jewish education goals for your child over the next 1-5 years? (e.g., Bar/Bat Mitzvah, Jewish friends, participate in home rituals or services)?

Are there any specific skills you hope your child will learn? Are there plans for the student to attend a Jewish camp or other informal programs?

Student name: _____

What are your child's interests? Abilities? Major accomplishments since last fall?

What motivates your child?

What techniques won't work? What situations are difficult?

Are there any methods you have found effective in helping your child to be ready for learning and/or for keeping materials together?

What do you expect your child to achieve by the end of the year in terms of learning? Please think in terms of both Hebrew and Jewish studies.

Please list **all** allergies your child has, including allergies to food or medications:

Please describe any medication that the student takes regularly:

Please describe any special physical/learning needs that might affect your child's performance and/or participation:

Please describe any family arrangements that might affect the student's attendance:
