BETH EL HEBREW CONGREGATION RELIGIOUS SCHOOL
STUDENT CONFIDENTIAL INFORMATION FORM

ACADEMIC YEAR 2010 – 2011 (5771)

Please note that this section will only be shared with proper personnel in order to best assist your child in school.

Student's Name _____ Grade _____

1. **Does your child have any allergies or medical conditions (e.g., ADD/ADHD, Sensory Issues) about which the school should know? If so, please explain and list any medications associated with those conditions.**

2. **Is your child in any special learning environment in his/her secular school? Yes___ No___**
   If yes, does the child have an IEP? Yes___ No___

3. **Would you like to schedule a meeting with our Special Needs Coordinator to discuss strategies for a successful year of Religious School? Yes___ No___**

4. **Please explain below if your child has any special needs the teacher should be aware of, or if there is anything that might impact how s/he may interact with students or adults.**

5. **Does any situation exist at home that the school should know about (e.g., custody issues)? If so please explain.**

6. **What secular school does your child attend? _____**
   Public ___ or Private ____?

7. **Is there any other relevant information about your child which you feel the Religious School should know in order to meet your child's needs? (use back if necessary)**

CLASSMATE REQUEST

My child's Religious School experience will be greatly enhanced if he/she is allowed to be with a friend in at least one of his/her classes. ***(Please note that every effort will be made to fulfill the requests that are made by the registration deadline of June 21st).*** **Classmate requests are:**

Children's Names: 1. _____ 2. _____