

Talmud Torah Religious School

STUDENT INFORMATION FORM 2020-2021/5779-5780

NOTE: PLEASE FILL OUT ONE FORM PER CHILD COMPLETELY. THANK YOU

Child's Name: Last	First	Middle	Full Hebrew Name
Street Address		City	Grade in September 2020
Child's Birth Date / /	Gender:	Name of Secular School	Home Phone
Father's Name		Mother's Name	
Student's Cell: _____ (if applicable)		Student's email: _____ (if applicable)	
Father's Phone: Home _____ Work _____		Cell _____ email: _____	
Mother's Phone: Home _____ Work _____		Cell _____ email: _____	

1. Will you serve as a class parent (occasionally make phone calls and assist in your child's class for special activities)?..... Yes
2. Will you help once a year with a school function?.....Yes
3. Will you sponsor a portion of another child's tuition?..... Yes
4. Will you be a substitute teacher? If so, for what grade(s).....Yes
5. Will your student (2nd – 7th) be doing virtual learning on Wednesday?.....Yes

EMERGENCY INFORMATION (Must be completed each year!)

List two alternative names/phone numbers (not yours):		
Name	Relationship to child	Phone
Name	Relationship to child	Phone

I grant authority to any hospital or doctor to provide immediate medical aid for my child's health and safety. I understand that this expense will be my financial responsibility.

Parent(s)/Guardian(s) Signature _____ Date _____

Is your child on any regular medication? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, what medication(s)?
Does your child have asthma or any other respiratory condition? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, does she/he carry an inhaler? Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child have any allergies? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, to what is s/he allergic?
Does your child have any medical condition of which we should be aware? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, please explain.
Does your child have any special learning challenges? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, please explain.

Photo release: Authorize Beth El Congregation to use student's photo in publication: Yes _____ NO _____

Signed _____ Date _____

***** We are are not submitting a "needs based" scholarship request form. Due date for scholarship requests is September 30, 2020.