



**REGISTRATION**  
**2018 - 2019 5779**

**Student Information Form**  
**(Please complete one form for each student)**

Student Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

Student's School: \_\_\_\_\_ Student's Grade in School: \_\_\_\_\_

*Our goal is to make Judaism and a Jewish education accessible to all children, and to “Educate each child according to their way” (Proverbs 22:6).* Please help us by describing any emotional, behavioral, physical and/or learning challenges that might affect the student's ability to work at grade level or participate in educational or social programs at B'Yachad. Please include any information that might be useful for the educational staff in planning for your child's education.

**Special Services:**

Does student have an IEP? \_\_\_\_\_ Does student have a 504? \_\_\_\_\_  
(If yes, please attach copy for our Special Education Coordinator)

Does student receive special accommodations at school or through the school district? Please describe.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Medical/Allergies:**

Does student have any medical problems or food allergies?

\_\_\_\_\_

Does student take any prescription medications regularly? \_\_\_\_\_  
Any that might impact participation at B'Yachad? \_\_\_\_\_

**Other relevant information that will help us best educate your child:**

Strengths:

Needs help with:

We would like the teacher to know: