



Student Information Form

2020-2021 | 5781

(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 a copy for our Special Education Coordinator)

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

Medical/Allergies:

Vaccination is mandatory for enrollment in B'Yachad.

Has your child been vaccinated to meet New York State school requirements? Yes___ No___

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: _____
