



# Student Information Form

2021-2022 | 5782

(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.

### **Academic and Social/Behavior Supports**

Please let us know how we can best support your child's academic and social/behavioral needs in the classroom including any special learning methods or learning plans that best work for your child.

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We encourage you to share documentation regarding your child's needs, such as an IEP, 504, or other documentation, as our experience has shown we are better equipped to serve children when we have this information. In the event that B'Yachad requires external funding or aid to assist a student, or if it should be necessary to serve your child, documentation such as an IEP, 504, or other documentation may be required.

### **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 the student have any medical issues or food allergies?

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Does your child take any medications that may impact on their participation in B'Yachad? \_\_\_\_\_

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

Strengths: \_\_\_\_\_

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Needs help with: \_\_\_\_\_

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We would like the teacher to know: \_\_\_\_\_

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