

# PARENT FORM

(To be completed for each student by a parent)



Student name: \_\_\_\_\_ Kitah (grade) this fall: \_\_\_\_\_

Is this your child's first year of Religious School?     No     Yes

Please list the names of no more than two friends you hope might be in class with your child.  
(We make no promises, but will do our best to pair your child with at least one of them **if this form is received by August 8.**)

\_\_\_\_\_

What are your Jewish education goals for your child over the next 1-5 years? (e.g., Bar/Bat Mitzvah, Jewish friends, participate in home rituals or services)?

\_\_\_\_\_

\_\_\_\_\_

Are there any specific skills you hope your child will learn? Are there plans for the student to attend a Jewish camp or other informal programs?

\_\_\_\_\_

\_\_\_\_\_

What are your child's interests? Abilities? Major accomplishments since last fall?

\_\_\_\_\_

\_\_\_\_\_

What motivates your child?

\_\_\_\_\_

\_\_\_\_\_

What techniques won't work? What situations are difficult?

\_\_\_\_\_

\_\_\_\_\_

Are there any methods you have found effective in helping your child to be ready for learning and/or for keeping materials together?

\_\_\_\_\_

\_\_\_\_\_

Over please

2016-17/5777

What do you expect your child to achieve by the end of the year in terms of learning? Please think in terms of both Hebrew and Jewish studies.

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Please list all allergies your child has, including allergies to food or medications:

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Please describe any medication that the student takes regularly:

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Please describe any special physical/learning needs that might affect your child's performance and/or participation:

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Please describe any family arrangements that might affect the student's attendance:

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Other info that may be helpful for us to know in better serving your child so that she/he get the most out the religious school curriculum, peers and staff:

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Please list any professionals (e.g. therapists, social workers, or psychologists) who work regularly with your child in school or out.

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Parent(s) Signature(s)

Date

2016-17/5777