

MY INFORMATION

(To be completed by each student)



Your name: _____ Kitah (grade) this fall: _____

Is this your first year of Religious School? No Yes

Which sport(s) do you enjoy? _____

Which musical instrument(s) do you play? _____

What are some of the movies, books and/or apps you enjoyed in the last few months? _____

What are your three favorite foods? _____

What is your favorite way to spend your free time? _____

What are your talents? (Everyone has at least one!) _____

What are your goals for this year? (make new friends, sing, improve Hebrew reading, etc.)

What can we do to make this your best year of Religious School ever?

Is there anything else you would like us to know about you?

Completed by (sign your name here)

Date

2016-17/5777