



Please Attach  
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**Updated Information for Enrolled Students**

Student Entering Grade: \_\_\_\_\_ School Year: **2010-2011**  
Student's Full Name: \_\_\_\_\_  Male  Female  
Student's Hebrew Name: \_\_\_\_\_ Student's Hebrew Birth date: \_\_\_\_\_  
Student's SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age in September \_\_\_\_\_  
Home Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
\_\_\_\_\_  
Child lives with: \_\_\_\_\_  
Public School District: \_\_\_\_\_  
Synagogue Affiliation: \_\_\_\_\_

**Family Information**

**Parent / Guardian 1**

Mr. Mrs. Ms. Dr. Rabbi Other:  
Full Name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Marital Status: \_\_\_\_\_  
Home address if different from child:  
\_\_\_\_\_  
\_\_\_\_\_  
Day phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Religion:  
 Jewish  Other: \_\_\_\_\_

**Parent / Guardian 2**

Mr. Mrs. Ms. Dr. Rabbi Other:  
Full Name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Marital Status: \_\_\_\_\_  
Home address if different from child:  
\_\_\_\_\_  
\_\_\_\_\_  
Day phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Religion:  
 Jewish  Other: \_\_\_\_\_

**Sibling Information**

Name:	Date of Birth:	Gender:	Current Grade:	School:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Grandparent Information**

Name(s): \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
Name(s): \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_

**Alumni Relatives**

Name(s): \_\_\_\_\_ Address: \_\_\_\_\_  
Name(s): \_\_\_\_\_ Address: \_\_\_\_\_

**Please help us learn more about your child and your family.**

What are your principal reasons for continuing to send your child to Bet Shraga Hebrew Academy of the Capital District?

Describe the qualities you associate with your child- including strengths and weaknesses, special interests and hobbies.

For this coming year, what are your expectations for your child?

Please share any information about your child that would be helpful to us. Are there any special issues in your child's recent history of which the school should be aware (medical concerns, allergies, physical or emotional development, personal or family traumas, special needs, family life, etc)?

Please indicate if your child has had a recent educational/psychological evaluation or has/had an IEP (Individualized Education Plan), or other educational plan?

Please return all papers to the office upon completion.

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Parent 1 Signature

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Parent 2 Signature

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Date

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Date