



Please Attach Recent Photo Here

Updated Information for Enrolled Students

Student Entering Grade: _____ School Year: **2008-2009**
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 By birth By choice 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 By birth By choice 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.

Parent 1 Signature

Parent 2 Signature

Date

Date