

TEMPLE B'NAI ISRAEL
RELIGIOUS SCHOOL
2010-2011

STUDENT INFORMATION SHEET

Name: _____ Birth date: _____

Hebrew Name: _____ Phone #: _____

Parent(s) name(s): _____

Birthplace: _____

Does anyone in your family:

	Yes	No	Name(s)
Read Hebrew?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Speak Hebrew?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Write Hebrew?	<input type="checkbox"/>	<input type="checkbox"/>	_____



*PLEASE LIST INFORMATION THAT YOUR CHILD'S SCHOOL KNOWS ABOUT.
The following information will be kept confidential and only communicated with your
child's teacher and the Board of Education, if necessary.*

Allergies to foods or insects: _____

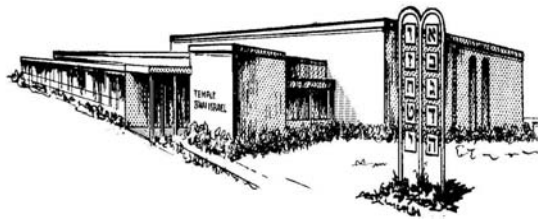
Special behavior and/or educational considerations: _____

Is your child on any medication? _____

Medical/Physical concerns: _____

Physician's name: _____ Phone: _____

Public School Name: _____ Grade: _____



**TEMPLE B'NAI ISRAEL
RELIGIOUS SCHOOL
2010-2011**

Dear Parents,

Every Week when Sunday school is in session, students are given the opportunity to check out books from the Temple Library. In the past, our Temple students (and parents) have been exceptionally responsible in handling and returning books. Please review the following library guidelines with your child:

- 1) Ordinarily, only one (1) book may be checked out during each Sunday school session.
- 2) Books are due the following Sunday school session. Children always have the opportunity to renew books.
- 3) Book reports and participation in book discussions are not mandatory, but the librarian enjoys hearing responses to what students have read.

Patricia Rosenmann, Librarian

I give my child, (*please print name*) _____
permission to check out books from the Temple Library. I agree to pay the
replacement cost of a lost or excessively damaged book.

Parent's signature