



Tikvah Learning Community Registration 2015-2016 5775 -5776			
Student's Name (Last name first)	Hebrew Name		
Public School & Grade (as of 9/15)	Age	Date of Birth	
Parent 1 Name	Parent 2 Name		
Street address	City	State	Zip
Home Phone #	Cell Phone #	Parent 1's Business Phone #	Parent 2's Business Phone #
Parent 1's Email address	Emergency Contact		Relationship to student
Parent 2's Email address			
Emergency Home Phone #	Emergency Cell phone #		

Please inform us of any special health/medical circumstances (such as allergies, medications, or disabilities) that we should know about your child. (Medication requires a physician's note.)

If your child attended a religious school other than Beth Tikvah last year, please provide the information:

(See back)

If your child has any special educational needs, please complete the following:

	Yes	No
Child has an IEP	<input type="checkbox"/>	<input type="checkbox"/>
Child has a special education classification	<input type="checkbox"/>	<input type="checkbox"/>
Child receives psychological counseling	<input type="checkbox"/>	<input type="checkbox"/>
Child receives remedial reading assistance	<input type="checkbox"/>	<input type="checkbox"/>
Child has been retained in public school	<input type="checkbox"/>	<input type="checkbox"/>

If you answered “yes” to any of the above questions, please explain in detail below; attach a copy of your child’s IEP or call to set up an appointment.

Do you feel there are any special circumstances that Congregation Beth Tikvah Religious School should be aware of? Please explain.
