



Temple Am Echad Saperstein/Bernstein Religious School  
The South Shore Reform Congregation

**Student Enrollment Form**

<b>STUDENT</b>	Last Name:	First Name:	Hebrew Name:
	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Grade:
	Child's Weekday School:		

<b>PARENT 1</b>	Last Name:	First Name:	Hebrew Name:
	Address:		
	Home Phone:	Cell Phone:	Office:
	Email:		

<b>PARENT 2</b>	Last Name:	First Name:	Hebrew Name:
	Address:		
	Home Phone:	Cell Phone:	Office:
	Email:		

<b>MAILINGS</b>	Does the student reside full time with both parents listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If "no" who is the parent with primary custody? <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2		
	Should we send mailings to both parents? <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>EMERGENCY CONTACT 1</b>	Name:	Phone:
	Relationship to Student:	

<b>EMERGENCY CONTACT 2</b>	Name:	Phone:
	Relationship to Student:	



STUDENT INFORMATION

Does your child have an IEP or 504 plan?  Yes  No

Does your child have any special learning needs we should be aware of?  Yes  No

Does your child have any behavioral issues we should be aware of?  Yes  No

Is your child currently on any medication for cognitive, behavioral, or social/emotional needs?

Yes  No

If you answered YES to any of the above questions, please explain below.

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HEALTH INFORMATION

Dietary Needs: Vegetarian Gluten-free Other: \_\_\_\_\_

Does your child have any allergies?  Yes  No If yes, please specify. \_\_\_\_\_

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Action to be taken for allergy/medical emergency: \_\_\_\_\_

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PHOTO PERMISSION

Please select one:

I give permission for my child's photo to appear in the *Temple Bulletin*, local paper, or Temple Am Echad social media pages.

I **do not** give permission for my child's photo to appear in the *Temple Bulletin*, local paper, or Temple Am Echad social media pages.

**I give permission for school authorities to take any action deemed necessary if I cannot be reached by telephone in case of emergency.**

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

-----OFFICE USE ONLY-----

Hebrew Class: \_\_\_\_\_

Date Rec'd: \_\_\_\_\_

Judaica Class: \_\_\_\_\_

School Year: \_\_\_\_\_