

Temple B'nai Shalom
Confidential Information Sheet
2018-2019

This sheet will be shared only with your child's teachers. The more information we have, the better able we are to meet your child's needs. Please complete one form per student. Please send this form directly to Nicky Polis at Temple B'nai Shalom; 7612 Old Ox Road; Fairfax Station, VA 22039.

Student's Name: _____ Religious School Grade in 2018-2019: _____

Street Address: _____ City: _____ Zip Code: _____

Parent's Name: _____ Cell Number: _____

Parent's E-mail Address: _____

New Member: Yes No First Year in Religious School: Yes No

Please let us know if there is any relevant information about your child that you feel that Religious School should know to best meet your child's needs.

1. Is your child in any special education program in public school or does your child have any special learning needs? **(If applicable, attach the most current 504 Plan or an IEP form.)**

Yes No If yes, please describe:

2. Are there any family situations (e.g. divorce, illness) of which we should be aware?

Yes No If yes, please describe:

3. Are there any other reasons special attention should be given your child?

4. Knowing your child better than anyone, what else should we know about your child to create the best learning situation?

5. The health and safety of every student at Temple B'nai Shalom is extremely important. Please fill out the following questions with as much detail as possible so that the concerns of your child can be dealt with in an appropriate manner.

Allergies (to medicines, foods, environmental, etc.):	Reactions, Seriousness, and Actions Necessary:
Other Medical Conditions:	Reactions, Seriousness, and Actions Necessary:

Medications taken on a regular basis: (Please be sure to administer necessary medication before Religious School)

6. Please indicate any individual(s) who cannot exercise custody of your child: