

Student's Full English Name

Student's Hebrew Name

Birth date (mo/day/yr) & Age this Fall

Student's E-mail Address

Name of Public School & Grade

Hebrew Level (Aleph, Bet, Gimel, B'nai Mitzvah)

List specific health or behavioral problems we should be aware of: (i.e. asthma, hyperactivity, allergies (food, bee, ...) Please explain treatment/medications, etc. Use back of card if needed.

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