

2016-2017

\_\_\_\_\_  
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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