

Student #2

Student's name _____ Date of birth _____

Students Hebrew Name _____ Grade _____

Hebrew School Grade _____ Health Card number _____

Does this Child have an IEP, Diagnosis, Learning Style, Require Sensory supports or support with classroom integration?

Yes No (If yes, please provide details in the LEARNING PROFILE FORM.)

Student #3

Student's name _____ Date of birth _____

Students Hebrew Name _____ Grade _____

Hebrew School Grade _____ Health Card number _____

Does this Child have an IEP, Diagnosis, Learning Style, Require Sensory supports or support with classroom integration?

Yes No (If yes, please provide details in the LEARNING PROFILE FORM.)

PLEASE FILL OUT A STUDENT PROFILE FORM BELOW

ALLERGIES:

No known allergies for any of the above students.

_____ (Student's name) is allergic to: Food Medicine Insect Stings

Please list: _____ Does the student carry an Epi Pen? Yes No

Please provide a current picture especially if your child has a severe allergy. If more than one of your children has an allergy or learning disability, etc. please indicate above.

PARENT CONTACT INFORMATION: