

2016-2017 JOSEPH AND CORINNE SCHWARTZ
Beth Israel Community Learning Lab
NEW STUDENT APPLICATION
Beth Israel Congregation, 3706 Crondall Lane, Owings Mills, MD 21117

FOR OFFICE USE ONLY

DATE RECEIVED _____

APPROVAL _____

PLEASE COMPLETE A SEPARATE APPLICATION FOR EACH STUDENT

Student's Last Name First Middle Hebrew Name Gender

Home Address Zip Code Phone

Student's date of Birth (month/day/year) E-Mail address (If Applicable)

Name of Secular School Grade as of September 2016

If transfer student, please provide the name of previous Religious School: _____

KITAH (CLASS) AS OF SEPTEMBER 2016 (CHECK ONE)

KINDERGARTEN, 1ST GRADE, AND BINA (SPECIAL NEEDS CLASS)

Gan (Kindergarten)	Sundays 9am-11:30am
Alef (1 st Grade)	Sundays 9am-11:30am
BINA	Sundays 9am-11:30am

2ND THROUGH 7TH GRADES (CHECK GRADE AND PROGRAM)

Kitah	Program (choose one)
Bet (2 nd Grade)	Two days per week: Sundays 9-11:30am AND Tuesdays 4-6pm
Gimel (3 rd Grade)	
Dalet (4 th Grade)	Flexible Learning Schedule: Sundays 9-11:30am (plus optional afterschool labs) AND Online Curriculum
Hay (5 th Grade)	
Vav (6 th Grade)	
Zayin (7 th Grade)	

FAMILY INFORMATION

Member of Beth Israel? (check one)

Yes

No

Child lives with (check one)

Both parents

Parent 1

Parent 2

Shared custody

Please provide us with information on custody agreements if this will impact your child's attendance at Community Learning Lab

Name(s) of siblings at Beth Israel: _____

PARENT 1 INFORMATION

PARENT 2 INFORMATION

English Name Hebrew Name

English Name Hebrew Name

Home Address *if different from above*

Home Address *if different from above*

Home phone *if different from above* Cell phone

Home phone *if different from above* Cell phone

Email Address

Email Address

Occupation Business Phone

May we call you at work? Yes No

Occupation Business Phone

May we call you at work? Yes No

School mail will be sent to child's home address only. Please note if you wish mail to be sent elsewhere also.

Name Address Zip Code

FAMILY PERSONAL STATUS

Is father Jewish? Yes No	Is mother Jewish? Yes No	If mother is not Jewish, was child converted to Judaism? Yes No
----------------------------------	----------------------------------	---

When and where did child's conversion to Judaism take place?

In case of adoption, when and where did child's conversion to Judaism take place?

CHILD'S HEALTH STATUS

Does child have any physical/psychological/emotional/learning problems? Yes No

If yes, please check all that apply: Speech _____ Vision _____ Hearing _____ Motor Coordination _____ Other _____

Please explain: _____

Is child using medication? Yes No If yes, name of medication _____

FOR SPECIAL LEARNING NEEDS REQUIRING ACCOMODATION

Explain need _____

Is child mainstreamed in public school? Yes No Does child have a classroom aide? Yes No

Is child in a Special Education Class or school? Yes No Other accommodations _____

EMERGENCY INFORMATION

When parents cannot be reached - list two people who may be contacted in an emergency.

EMERGENCY CONTACT 1 INFORMATION

Name _____	Relationship _____
Cell phone _____	
Home phone _____	

EMERGENCY CONTACT 2 INFORMATION

Name _____	Relationship _____
Cell phone _____	
Home phone _____	Home phone _____

LEARNING PROFILE

Does your student have an IEP or 504 in their secular school? _____ Yes _____ No

Please describe your student's learning style (including Special Needs, ADHD, etc.) _____

Is there anything you would like to discuss with the Education Director and/or the Rabbi? Yes No

Information on this form is confidential and will be accessible to school and synagogue staff only.