

Lawrence Jewish Community Center



Religious School



917 Highland Dr. ☆ Lawrence, KS 66044 ☆ (785) 841-7636

OFFICE USE	DATE	FIRST CHILD \$250	ADDITIONAL CHILDREN \$150	SCHOLARSHIP?	TOTAL DUE	DEPOSIT \$100

STUDENT'S LAST NAME	FIRST NAME	HEBREW NAME

GRADE	BIRTH DATE	SOCIAL SECURITY #	SEX
			<input type="checkbox"/> M <input type="checkbox"/> F

STREET ADDRESS	CITY	ZIP

MOTHER'S NAME	HOME PHONE	WORK/CELL PHONE	EMAIL

FATHER'S NAME	HOME PHONE	WORK/CELL PHONE	EMAIL

STUDENT LIVES WITH:	OTHER SPECIFY	ADDRESS	PHONE
<input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> BOTH <input type="checkbox"/> OTHER			

SCHOOL	B. MITZVAH DATE

LOCAL EMERGENCY CONTACTS (TO BE CALLED IF PARENT/GUARDIAN CANNOT BE REACHED)

NAME	RELATIONSHIP	PHONE #

NAME	RELATIONSHIP	PHONE #

CHILD'S DENTIST	PHONE #

CHILD'S PHYSICIAN	PHONE #

MEDICAL INSURER	POLICY NUMBER	HOSPITAL PREFERENCE

MEDICAL INFORMATION

FOOD ALLERGIES	SPECIFY
<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER ALLERGIES	SPECIFY
<input type="checkbox"/> YES <input type="checkbox"/> NO	
MEDICATIONS/PRESCRIPTION DRUGS	SPECIFY
<input type="checkbox"/> YES <input type="checkbox"/> NO	
MEDICAL PROBLEMS THAT MIGHT IMPEDE CLASSROOM PERFORMANCE	SPECIFY
<input type="checkbox"/> YES <input type="checkbox"/> NO	
EMOTIONAL PROBLEMS THAT MIGHT IMPEDE CLASSROOM PERFORMANCE	SPECIFY
<input type="checkbox"/> YES <input type="checkbox"/> NO	
INDIVIDUALIZED LEARNING PLAN	SPECIFY
<input type="checkbox"/> YES <input type="checkbox"/> NO	

IF YOU HAVE ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, WE INVITE YOU TO CONFER WITH THE DIRECTOR TO DISCUSS HOW WE MAY BEST ACCOMMODATE YOUR CHILD'S NEEDS.

PLEASE SHARE WITH US ANY SPECIFIC GOALS THAT YOU HAVE FOR YOUR CHILD'S JEWISH EDUCATION