

TEMPLE EMANUEL

_____ School Year

(insert year)

STUDENT PROFILE / Grade _____

The information provided will only be available to
the Director of Education and the student's teacher(s).

GENERAL BACKGROUND: (personality, interests, and Jewish education)

SPECIAL CONSIDERATIONS: medical problems, i.e., allergies, learning disabilities, difficult family situations that may impact on school activities, etc. *Medication(s) that may have to be dispensed at school MUST be accompanied by a copy of the dosage information from the child's doctor.

Parent or Guardian Signature (Please print name first)

Date