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## STUDENT INFORMATION

Student's Full Name \_\_\_\_\_

Student's Nickname \_\_\_\_\_

2016-2017 Grade \_\_\_\_\_ Secular School \_\_\_\_\_

Birthday \_\_\_\_\_

Hebrew Name (if known) \_\_\_\_\_

*If Applicable:*

Student's Cell Phone \_\_\_\_\_

Student's Email Address \_\_\_\_\_

Summer Camp – 2016 \_\_\_\_\_

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## Medical and Other Information

*Some of this information will be shared on a 'need to know basis' with Temple staff and teachers.  
Please be sure to keep us informed of any health changes and/or concerns that may arise throughout the year.*

Please describe your child's medical and/or dietary needs. (If none, please write 'N/A')

Please describe any learning or behavioral issues. This information will help us create a positive and meaningful experience for your child. (If none, please write 'N/A')

Is there anything else that you would like us to know?

**PLEASE COMPLETE ONE STUDENT INFORMATION FORM FOR EACH OF YOUR CHILDREN**

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