



Congregation Kol Ami
Religious School
Student Profile
2008-2009

Student's Name: _____

Student's Hebrew Name: _____

Does student have any previous formal Jewish education/Informal (Day School, Camp, time in Israel, etc.)? If yes, please describe:

Please describe any physical or learning disabilities, which may influence the student's learning performance and or participation in Religious School:

Please list activities that the student is looking forward to participating in this school year:

Are there any special circumstances that may influence your child's well-being in Religious School?

What do you consider your child's strengths?

What would you like to see your child work on?

Would you like to discuss any of the above confidentially with Rabbi Eger?

YES _____ Phone Number _____