



REGISTRATION - 2021-2022 (5782) School Year

Please fill one of these forms out for each student

Student Information

First Name:	Last Name:	
Gender/Preferred Pronouns:	Hebrew Name:	Birthdate:
Student's Email (If applicable):		Student's Cell # (if applicable):

Student School Information

Name of School:	Grade/Year as of Fall 2021:
Previous Jewish Education (# of years):	Hebrew Studies (# of years):

Student Health &/or Education Needs Information

Parents: Initial here _____ to confirm that your child is current on immunizations per the state of NM requirements (Immunization record may be required).

Does your child have severe allergies? YES NO

If yes, describe: _____

Is your child on regular medication? YES NO

If yes, list: _____

Does your child have a physical and/or emotional conditions, including an IEP? YES NO
(Please attach a copy of the IEP for CASJS to keep on file)

Does your child have any special learning needs of which we should be aware? YES NO

If yes, please elaborate; this is important confidential information for our teachers to know: _____
