



## Student Information Form 2017-2018

Rabbi Dr. Yisrael Rothwachs, Dean    Judi Karp, Associate Dean

**Applicant's Name:** \_\_\_\_\_

Last

Middle

First

Hebrew

List areas of concern you may have for your child related to your child's special needs:

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How, ideally, would SINAI address your child's special needs?

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How did you hear about SINAI?

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**Synagogue Affiliation**

Is the applicant’s family affiliated with a synagogue?  Yes  No

If the Applicant’s family is affiliated with a synagogue, please provide the name of the synagogue and the name and phone number of the Rabbi.

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Name of Synagogue \_\_\_\_\_ Name of Rabbi \_\_\_\_\_ Phone \_\_\_\_\_

**Current Medications**

Please list any medications that the applicant is currently prescribed:

Name of Medication and Dosage	Name of Prescribing Physician

**Family Information**

1. Is the Applicant adopted?  Yes  No (If “No”, please proceed to question #2)
  - a. If the applicant was adopted, is the Applicant’s biological mother Jewish?  
 Yes  No *Please submit relevant documents*
  - b. If not, did the Applicant convert?  
 Yes  No *Please submit relevant documents*
  
2. Is the Applicant’s mother Jewish by birth?  Yes  No (If “Yes”, please skip next question)
  - a. If the Applicant’s mother is not Jewish by birth, did she convert  
 Yes  No *Please submit relevant documents.*

Signature of Mother/Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Father/Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_