

Community Hebrew School of the North Shore, Inc.
North Shore Hebrew School
An Innovative School for Children Ages 3 – Grade 6
One Community Road, Marblehead, MA 01945
Phone: (781) 631-1860
www.northshorehebrewschool.com



We are proud to be designated as a USCJ Framework for Excellence School

Student Profile Form for 2008 / 2009

Dear Parent / Guardian:

Please complete this student profile form carefully, as it will help us to better serve your child. Our goal is to insure a positive learning environment and to maximize the potential of each child. Please be assured that this form will be treated with confidentiality and kept in a locked cabinet, available only to the Education Director and the instructors who are working directly with your child. Please take the time to give us current information, even if your child has attended the North Shore Hebrew School in the past. Thank you!

Student's Name: _____

Student's primary address: _____

City: _____ State: _____ Zip _____

Home Phone: _____ Sex: M F Birth Date: _____

Grade as of Fall 2008: _____ Name of School / Preschool: _____

Siblings attending NSHS in 2008: _____

Has student attended North Shore Hebrew School before? Yes No

Has student attended other Hebrew schools before? Yes No If Yes, where? _____

What factors were important to you in your decision to send your child to North Shore Hebrew School?

Member of Affiliated Synagogue Quality of Staff Quality of Programming Cost Location

Referral From Friends Child's Friends Attending Other: _____

FAMILY:

Marital Status: _____ Number of children in family: _____

If parents are separated or divorced, what is the custody arrangement? _____

With whom does the student live? _____

HOME:

Has your family moved in the last six months? Yes No From where? _____

Have there been any traumatic experiences in the family? _____

CHILD:

How would you describe your child? _____

What are your child's most positive qualities? _____

Areas in need of strengthening? _____

Current interests or hobbies? _____

Activities your child dislikes? _____

Your child's special needs are: _____

What are your child's peer relationships like? _____

How does your child act in a group? _____

JEWISH EXPOSURE:

Does your family belong to a Synagogue? Yes No If yes, which one? _____

Please explain your family's observances of the following:

Shabbat: _____

Jewish Holidays: _____

Kashrut: _____

Is everyone in the child's household Jewish? Yes No If No, is it a parent who is not Jewish? Yes No

Please note that our school has an inclusive policy toward interfaith families.

If someone in the student's home is not Jewish, do you celebrate other religious Holidays? Yes No

If yes, which ones? _____

OTHER:

If your child has an I.E.P., please submit a copy of the most recent plan so that we can assure coordination with your child's best learning style. If you do not have your child's I.E.P. available; please summarize the plan as best as you can below:

Is there anything else you would like us to know about your child? _____

Parent / Guardian Signature: _____ **Print Name:** _____ **Date:** _____

Please call the school office at (781) 631-1860 to update the information on this profile if any changes occur during the year. Thank you!

The Community Hebrew School of the North Shore, Inc., d/b/a North Shore Hebrew School, admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.