Families with children in grades 3-12 must be full members of TBT. Contact the Main Office to become a member; 631-643-1200 x2. Families whose oldest child is in Grade 2 or lower are eligible for our Voluntary Dues Program. Members must be paid in full by July 31, 2019 3pm.

7th grade only: All 7th grade students are required to attend Hebrew school for the full academic year, regardless of B’nei Mitzvah Date. The Bar/Bat Mitzvah fee, Temple dues and Hebrew school tuition, must be paid in full 6 months prior to the student's Bar/Bat Mitzvah date.
CHOICE OF SCHOOL DAY (Please circle one):

TUESDAY (Grade K-6)  WEDNESDAY (K-6)  THURSDAY (7only)
4:30-6:30pm  4:30-6:30pm

FRIEND REQUESTS: List up to 2 people. At least one will be honored. If you do not request your child to be with someone we will put them in classes we think best for them. 5th and 6th Grades have TWO Periods – Hebrew and Judaica. Hebrew class placement is based upon reading level, not friend requests.

1.___________________________________    2______________________________

TO BEST SERVE YOUR CHILD PLEASE ANSWER THE FOLLOWING QUESTIONS HONESTLY. ALL INFORMATION IS CONFIDENTIAL.

1. Does your child have allergies? Y  N (circle one)  Please Specify______________________________
2. a. Is your child on any medication? Y  N  Please specify______________________________
   b. Do we need to keep the medication in the office (diabetes kits, epi-pen, etc) Y  N
      Meds:____________________________________________
      (Please send in Epi Pens to the School office once school begins)
3. Does your child have any physical, emotional or learning special needs? Y  N
   a. Does your child receive any services at regular school? (Resource Room, Speech, etc.) Y  N
   b. Does your child have an IEP? Y  N
      (Please provide a copy of the IEP to our School Office.)
4. Is your child in a self-contained (special needs) class during regular school? Y  N
   a. If yes, is your child mainstreamed for any subjects? Y  N  Which ones:______________________________
   b. Does your child have a para or shadow? Y  N
5. Does your child have problems focusing or is easily distracted? Y  N
6. Is your child in a gifted and talented program? Y  N
7. Is there anything else you think we should know about your child or special attention she/he might need?
8. Would you like to consult with the Principal? Y  N

EMERGENCY CONTACTS (Should be able to pick up your child or reach you during Religious School hours)

Name_________________________________________________Phone____________________
Name_________________________________________________Phone____________________