Ann Spak Thal School – Student Information Form
2019-2020 / 5780

Child’s Name: _______________________________ Date: _______________________  

Please note any conditions which may necessitate special consideration by our school staff in order to provide a comfortable learning environment for your child:

___ must wear glasses or lenses  ___ auditory impairment
___ visual impairment  ___ speech impairment
___ attention deficit  ___ delayed fine motor skills development
___ hyperactivity  ___ anxiety
___ allergies (please specify): ____________________________________________
___ any other conditions: ______________________________________________

Difficulties specifically linked to reading:

___ dyslexia
___ difficulty in copying from the board
___ difficulty in reproducing printed images
___ reading below grade level
___ other (please specify): ____________________________________________

MEDICATION

Does your child currently take medication?

If so, please list the medication:

Is your child scheduled to take medication during school hours?

We seek to provide a successful school experience for all of our students. Please contact the Director of Education, Sahar Oz, to discuss any special circumstances involving your child: 215-922-6590 x129 or soz@societyhillsynagogue.org.