



Redefine What's Possible.

Partnership School Form.docx

JCFS Therapeutic Day School Yeshiva/Partnership Program

Joy Faith Knapp Children's Center, 3145 West Pratt Boulevard, Chicago, IL 60645 (773) 467-3900 fax (773) 467-3999

Partnership School Form

Partnership arrangements are finalized in discussions between the student family, the student's home school, and the JCFS Therapeutic Day School. Please read and complete the application carefully. Please return by mail to the JCFS TDS, Attn: Rabbi David M. Rosenberg. If you have any questions, contact Rabbi Rosenberg, Coordinator of Jewish Educational Services, at (773) 467-3926 or davidrosenberg@jcfs.org. The information you provide is protected by HIPAA regulations.

The Student								
Student's Name								
Last	First	Middle	Middle					
For School Year 20 20	Date of Birth	Grade as of September						
Address of Student	City	State	Zip					
During which school years and grad	es has this student studied at your	school? 20 20 / Grad	es:					
	The Partnership Scho	ool						
School name:								
Address								
Principal		Telephone						
E-mail								
If another school administrator/proprovide information below:	fessional will be the primary point	of contact, please check here (_) and					

4/17/2015

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Title		Telephone
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	p arrangement	
Subjects of	study: General Studies	as possible based on student's schedule. Indicate specific
Hours		
e list faculty an	d school staff that might b	pe especially helpful in developing an education plan for the
Name		Subject/Title
	Telephone	E-mail
Name		Subject/Title
Name	Telephone	
		E-mail
	Telephone	
	Telephone	E-mail Subject/Title E-mail
Name	Telephone	E-mail Subject/Title E-mail About the Student
Name	Telephone	E-mail Subject/Title E-mail About the Student
Name e share concerr	Telephone	E-mail Subject/Title E-mail About the Student
Name e share concerr	Telephone	E-mail Subject/Title E-mail About the Student

Behav	ioral:		
Please describe	the student's strengths:		
Please describe	your goals for student's education at JCFS:		
Please add any	additional information that might be helpful:		
	Signature	•	
 Name	Signature	Title	Date
Please return to 3999.	o the JCFS TDS, 3145 W Pratt, Chicago, IL 60645 A	ttn: Rabbi David M. Rosenberg	or fax to (773) 467