



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 Renewal Form

For the Renewal of a Partnership Arrangement

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

For School Year 20__ - 20__ Date of Birth _____ Grade as of September _____

The Partnership School

School name: _____

If there is a change in the administrator/professional who will be the primary point of contact, please check here (____) and provide information below:

School administrator/professional _____

Title _____ Telephone _____

E-mail _____

Proposed partnership arrangement

Subjects of study: General Studies as possible based on student's schedule. Indicate specific

concerns: _____

Hours _____

Please share any information or concerns:

Additional Information About the Student, if any

Please add any additional information that might be helpful:

Signature

Name Signature Title Date

Please return to the JCFS TDS, 3145 W Pratt, Chicago, IL 60645 Attn: Rabbi David M. Rosenberg or via fax to (773) 467-3999 or email to davidrosenberg@jcs.org.