

TEMPLE SHA'AREY SHALOM RELIGIOUS SCHOOL

5769-70/2009-2010 Student Information & Health Form

Child's Full Name _____ Sex ____ Date of Birth _____

Hebrew Name _____

Address _____
Street City Zip Code

Phone number (including area code) _____

Family or Parent Email _____

In the event of an EMERGENCY SCHOOL CLOSING, who shall we call and at what number?

Parent/Guardian: _____

Occupation _____

Business Phone _____ Cell Phone _____

Parent/Guardian: _____

Occupation _____

Business Phone _____ Cell Phone _____

Are there any special living arrangements we should be aware of? Yes ____ No ____

If yes, please explain _____

Siblings:

Name _____ Age ____ Name _____ Age ____

Name _____ Age ____ Name _____ Age ____

In case of injury or illness of a child at school, every effort will be made to contact the parent or guardian. The following information is necessary for our records:

If injury or illness is minor, give child first aid? Yes _____ No _____

Call an ambulance? Yes ____ No ____

If PARENTS cannot be reached in case of emergency, give the name of person to be notified:

Name _____

Home Phone _____ Cell phone _____

Relationship to student _____

Are there any medical concerns we should be aware of?

Allergies _____ Physical limitations _____
Hearing issues _____ Visual issues _____
ADHD/ADD _____ Frequent need to use the bathroom _____
Other _____
Please provide details of any items checked off above _____

Please describe any special needs your child has:

Academic _____ Behavioral _____
Social _____ Other _____
Please elaborate _____

Are there any learning modifications implemented in the public school classroom?

Speech and language Assistance _____ Resource Room _____
Special Education _____ Instructional Aide _____
Other (please describe) _____

(If your child has an IEP (Individualized Education Plan) or 504 Accommodation Plan, please share that info with us. The information will be held in the strictest confidence).

Is your child taking any regular medications? Please specify _____

How does your child learn best? (Check ALL that apply)

Reading _____ Small group work _____
Listening _____ Hands on projects _____
Sitting still _____ A lively atmosphere _____
Working alone _____ A quiet setting _____
Other _____

In order to fulfill a project, would your child prefer to: Check all that apply!

Write an essay _____ Do an oral presentation _____
Write a poem or song _____ Perform in a skit _____
Do art projects _____ Report on a newspaper article _____
Other- please describe _____

**In what ways (which activities and rituals do you incorporate Judaism into your home?
Please check all that apply:**

Lighting Shabbat candles _____ Praying before bed or in the morning _____
Celebrating Jewish holidays _____ Subscribing to Jewish publications _____
Reading Jewish books _____ Hanging mezuzot _____
Keeping kosher _____ Other- please describe _____

What else would you like us to know about your child that will assist us in helping them have a positive school experience?

To the Director of Education:

It is acceptable _____ Not acceptable _____ for this information to be shared with my child's classroom teacher.

I would _____ would not _____ like to discuss the information provided in this form further with you. I understand that all information will be kept strictly confidential.

Parent/Guardian _____ Date _____

RELIGIOUS SCHOOL ATTENDANCE POLICY FOR GRADES 4-7

We know that you place as much importance on your children's Jewish education as we do, and by working together we can create a positive learning experience for all children. Since our faculty has so little time and so much to teach, it is required that students attend Religious School regularly. Frequent absences create difficulties in keeping up with class work, and may discourage the student as he/she strives to successfully complete the grade level requirements.

With this in mind, we have instituted the following attendance policies:

1. If your child is absent for two consecutive classes, makeup work will be sent home and due back within one week. If the work is not completed, you will be contacted.
2. For promotion to the next grade to occur, students must attend at least 80% of the scheduled classes, as well as complete all required class work. This translates into a maximum of 6 absences per each half of the year. Failure to do so will result in the student having to attend tutorial sessions, equivalent to the number of sessions missed. The cost for each session will be the responsibility of the family of the student involved, and is to be paid prior to the sessions. After successful completion of the tutorial sessions, the student will be promoted to the next grade.

ABSENCES OR LATENESS NOTIFICATION

It is of the utmost importance that you **notify the Temple office at (973) 379-5387**, if your child is going to be absent or late to Religious School. It is a matter of safety, since many children walk to Religious School from public school.

EARLY DISMISSAL

We strongly discourage having your child leave the school early, except in emergencies. The teachers have only four hours per week to meet with your children and each minute is so valuable. Not only is early dismissal disruptive to the class (or school if we are all together), it leaves your child without the opportunity to finish the lesson being taught. **Please note: Students cannot be released to anyone other than their parents without written permission from the parent.**

If you must pick up your child early, please come directly to the Temple office to sign them out.

CONTACTING YOUR CHILD IN AN EMERGENCY

Please be aware that students are **NOT** permitted to use cell phones in the building at any time. If you need to contact your child in an emergency, please call the temple office at **(973) 379-5387** and they will relay the message to your child.

I UNDERSTAND THE ABOVE **ATTENDANCE** and **EARLY DISMISSAL** POLICIES.

Parent/Guardian signature

Date

EDUCATIONAL FIELD TRIP WAIVER

My child has my permission to attend educational field trips sponsored by the Religious School. I understand he/she will travel by bus or private car and be accompanied by staff and/or parents. By my signature below, I release Temple Sha'arey Shalom from all responsibility during supervised activities.

It is clearly understood that no smoking or drugs (other than those prescribed by a licensed physician) will be permitted on any trip.

Students represent the Temple and are expected to have appropriate behavior – to be respectful, polite and cooperative. It is also understood that in the event of behavior unacceptable to the staff, parents will be notified and the child sent home at the parents expense.

Name of Child _____ Grade _____

Parent Signature _____ Date _____

PHOTO RELEASE

From time to time we print photographs of school activities in the Temple bulletin, in local newspapers or on the Temple website. Students' names will never be printed on the website. At your option, please sign the following release form.

I give permission for Temple Sha'arey Shalom to print photographs that include my child:

In the Temple Bulletin ___ On the Temple website ___ In local newspaper ___

Parent Signature _____