

TEMPLE SHA'AREY SHALOM RELIGIOUS SCHOOL

2016-2017

Student Information & Health Form

Child's Full Name _____ Sex ____ D.O.B. _____ GRADE _____

Hebrew Name (if known) _____

Address _____
Street City Zip Code

Phone number (including area code) _____

Family or Parent Email _____

Parent/Guardian: _____

Occupation _____

Business Phone _____ Cell Phone _____

Parent/Guardian: _____

Occupation _____

Business Phone _____ Cell Phone _____

Are there any special circumstances in your family that we should be aware of? (eg. birth, death, separation, divorce, restraining order, custody arrangements, etc). If there is a change during the year, please let us know.

Siblings:

Name _____ Grade ____ Name _____ Grade _____

Name _____ Grade ____ Name _____ Grade _____

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 CAN'T BE REACHED, WHO SHOULD WE CALL DURING AN EMERGENCY?

Name _____

Home Phone _____ Cell phone _____

Are there any medical concerns we should be aware of? Please be aware all of this information will be held in the strictest confidence.

ADHD/ADD	_____	Developmental/cognitive delay	_____
Allergies	_____	Frequent need to use the bathroom	_____
Asthma	_____	Learning Disability	_____
Auditory Proc. Dis.	_____	Perceptual Impairment	_____
Autism	_____	OCD	_____
Depression	_____	Anxiety	_____
Dyslexia	_____	Hearing loss	_____
Visual impairment	_____		

Other _____

Please provide details of any items checked off above _____

Is your child taking any regular medications? Please specify _____

Please tell us how your child learns 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	_____		

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

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

Would you like to share your child's IEP or 504 Accommodation Plan, with us so that we may help you child get the most out of his/her Religious School experience? _____ Yes _____ No _____ N/A

Is there an Educator or learning specialist from secular school that you would like us to be in contact with to assist us in planning for your child? _____

**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.

The Director of Education may contact you to gain more insight into your child's needs in order to help your child get the most out of their Religious School experience.

Parent/Guardian _____ Date _____

RELIGIOUS SCHOOL ATTENDANCE POLICY FOR GRADES 3-7

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 we will relay the message to your child.

I UNDERSTAND THE **ATTENDANCE, EARLY DISMISSAL AND CELL PHONE** 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 _____

WE NOW HAVE WIRELESS ACCESS IN THE TEMPLE BUILDING.