



BETH YESHURUN DAY SCHOOL
BACK TO SCHOOL FORMS CHECKLIST
2017 - 2018

- ✓ Student Information Form
- ✓ EC Confidential Form
- ✓ Publicity Consent Form
- ✓ Field Trip Authorization
- ✓ Transportation Form *(if same for all children, fill only one)*
- ✓ Technology Consent
- ✓ Grandfriends' Information *(new students and grandfriend updates only)*
- ✓ 5th Grade Release Records *(5th grade students only)*
- ✓ Birth Certificate Submitted *(New students only)*
- ✓ Medical Forms

*In order for your child to receive academic accommodations, these documents must be on file in the school office.

If you have one, please ensure the school has a copy of your custodial agreement.



Student Information Form 2017-2018

Student Name: _____

Name preferred by child: _____

Are there circumstances regarding your child's home that would be helpful for the school to understand (e.g. divorce, separation, illness, long absences of a family member, etc.)?

*Previous school experience: _____

*Has your child had a psychological or educational evaluation which might help us in working with him/her? Yes ____ No ____

Is your child currently being tutored? Yes ____ No ____

*Primary language spoken at home is: _____

Brothers, sisters, other adults in house (ages and relationships): _____

Please Circle:

Child lives with: both parents; Mother / Father / Guardian / Step Parent:

* New students only



Publicity Consent 2017-2018

Throughout the year we take pictures and videos of our children engaged in a variety of activities, receiving awards, and during special days. These pictures are often posted in our school or used for digital or print publicity.

Yes, I give consent for my child's photograph to be published for BYDS publicity.

No, I do not give consent for my child's photograph to be published for BYDS publicity.

Name

By typing your name in the dialog box above and submitting, it is considered authorization of this form, as if I had signed a hard copy of this Agreement and returned it to the School.



Field Trip Authorization 2017-2018

Throughout the year the students will take field trips to various places of interest in and near Houston. We would like your permission to take your child on these trips. Before each trip, you will be notified in advance of the time, place, and date. We use buses for all such trips.

You have my permission to take on all field trips. I release Beth Yeshurun and its personnel of any responsibility while in transit.

Name

By typing your name in the dialog box above and submitting, it is considered authorization of this form, as if I had signed a hard copy of this Agreement and returned it to the School.



Transportation Form 2017-2018

_____ I will transport my child myself.

_____ My child is in a carpool. The children in the carpool are:

If all your children carpool together, fill out only one form, but include all children's names below. If they are in different carpools, please fill out information under EACH of your children's profiles.

Child's Name	Parent	Grade	Home Phone	Cell Phone

If all your children have the same permissions, fill out only one form per family. If some of your children have different adults with permission for pick-up, please fill out that information under EACH of your children's profiles.

The following people have my permission to pick up my child from school:

Name	Relationship to Student	Cell Phone

I understand that in order for my child to be released from school to any person other than those designated above, I will need to send written permission on each occasion.

Name

By typing your name in the dialog box above and submitting, it is considered authorization of this form, as if I had signed a hard copy of this Agreement and returned it to the School.



Technology Consent Form 2017 - 2018

Please check one:

I waive and release the Beth Yeshurun Day School on behalf of myself and the student from any and all claims resulting from student's use of such telecommunication resources. I also hereby indemnify and hold harmless the Beth Yeshurun Day School from any claim or loss, expense or cost, resulting from any infraction by the student of the policy or any applicable law.

By typing your name below you agree you have reviewed the Technology Acceptable Use Policy with your BYDS student and they have agreed to comply with our BYDS Technology Acceptable Use Policy found in the BYDS Parent Handbook.

Name

By typing your name in the dialog box above and submitting, it is considered authorization of this form, as if I had signed a hard copy of this Agreement and returned it to the School.



*5th Grade ISAS Records Release
2016 - 2017

To: *Fifth Grade Parents Only*
From: Cindy Kirsch, ES School
Beth Yeshurun Day School

Please fill out both forms below and return it to the school office. Our accreditation agency, Independent Schools Association of the Southwest (ISAS) requires this of us. Thank you for your cooperation.

BETH YESHURUN DAY SCHOOL
4525 Beechnut Boulevard, Houston, Texas 77096

I give permission for my child's school records to be released to Beth Yeshurun Day School.

Name

By typing your name in the dialog box above and submitting, it is considered authorization of this form, as if I had signed a hard copy of this Agreement and returned it to the School.



Grandfriend Information 2017-2018

Throughout the year, we like to communicate with our Grandfriends. Please provide information for your children's grandparents or other special friends so we can be in touch, and please mark November 15, 2017 on your calendar for BYDS Grandfriends' Day.

NEW FAMILIES and EDITS ONLY

If all your children share grandfriends, fill out only one form, but include all children's names below. If they have different grandfriends, please fill out information under EACH of your children's profiles.

Grand Friend #1: Name(s): _____

Mailing address: _____

E-mail address: _____ Phone number: _____

Do you think he/she is interested in receiving our weekly newsletter?

Grand Friend #2: Name(s): _____

Mailing address: _____

E-mail address: _____ Phone number: _____

Do you think he/she is interested in receiving our weekly newsletter?

Grand Friend #3: Name(s): _____

Mailing address: _____

E-mail address: _____ Phone number: _____

Do you think he/she is interested in receiving our weekly newsletter?

Grand Friend #4: Name(s): _____

Mailing address: _____

E-mail address: _____ Phone number: _____

Do you think he/she is interested in receiving our weekly newsletter?

These are also the Grandfriends of:

Student's Name: _____

Student's Name: _____

Student's Name: _____

Student's Name: _____



Student's Name: _____