

# Elementary School BACK TO SCHOOL FORMS CHECKLIST 2018 - 2019

## **Elementary School (Kinder-5th)**

- Student Information Form
- Transportation Form
- Grandfriends' Information (new students and grandfriend updates only)
- Field Trip Authorization | Technology Consent
- 5th Grade Release Records (5<sup>th</sup> graders only)
- \*Birth Certificate Submitted (New students only)
- Medical Forms

Thank you for taking the time to complete these forms. The more information we have about your child, the better we can individualize our program to meet his or her needs. Should there be any changes regarding your child's development or history, please keep us informed.

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.

# Elementary School Student Information

2018-2019

**\*All statements marked with an asterisk are required for new students only.** Withholding information may jeopardize our ability to help your child. All information will be held confidential and used only by those working directly with your child for his/her benefit.

<b>Child's full name (first, middle, last)</b>		
Preferred name:	Date of birth:	*Place of birth:
*Hebrew name:		
*Previous school experience:		
Child lives with:	Parent/Guardian 1	Parent/Guardian 2      Other (Please specify):
Marital status of parents:		
*Has your child had a psychological or educational evaluation which might help us in working with him/her? Yes ___ No ___ If yes, please submit.		
*Primary language(s) spoken at home:		
Is your child currently being tutored? Yes ___ No ___		
Please list names and ages of brothers, sisters, and other adults in households:		
Are there any circumstances regarding your child's home which would be helpful for the school to understand (e.g. divorce, separation, illness, long absences of a family member, etc.)?          		

Parent(s) Signature(s): \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

**Thank you!**

## Elementary School Transportation Form

\_\_\_\_\_ I will transport my child myself.

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

Child's Name	Parent Name	Grade	Home Phone	Cell Phone

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

Adult 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.*

Parent(s) Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

**Thank you!**

## Elementary School Grandfriends' Information Form

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.

*NEW FAMILIES and EDITS ONLY*

<b>Grand Friend #1: Name(s):</b>  Primary phone:	Relationship to child:	Mailing address:  Email address:
<b>Grand Friend #2: Name(s):</b>  Primary phone:	Relationship to child:	Mailing address:  Email address:
<b>Grand Friend #3: Name(s):</b>  Primary phone:	Relationship to child:	Mailing address:  Email address:
<b>Grand Friend #4: Name(s):</b>  Primary phone:	Relationship to child:	Mailing address:  Email address:

These are also the Grandfriends of:

Student's Name: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Parent(s) Signature(s): \_\_\_\_\_  
 \_\_\_\_\_

Date: \_\_\_\_\_

**Thank you!**



## Field Trip Authorization Form

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 \_\_\_\_\_ (student name) on all field trips. I release Beth Yeshurun Day School and its personnel of any responsibility while in transit.

Parent(s) Signature(s): \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

## Technology Consent Form

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.

Parent(s) Signature(s): \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Thank you!



## 5th Grade ISAS Records Release

To: Fifth Grade Parents Only  
From: Cindy Kirsch, Assistant Head of School  
Beth Yeshurun Day School

Please fill out both the form 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.

Parent(s) Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_

Thank you!