

# Elementary School BACK TO SCHOOL FORMS CHECKLIST 2018 - 2019

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

- Student Information Form
- Transportation Form
- Transportation Liability Form (only for applicable students)
- 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!**



## TRANSPORTATION LIABILITY WAIVER FOR AN UNACCOMPANIED MINOR

This Liability Waiver Form must be completed and signed by the parent or guardian of any student wishing to transport themselves to or from Beth Yeshurun Day School (BYDS) using any mode of transportation (bicycle, walking, scooter, etc.) without adult supervision. The original must be on file in the school office.

Please note that any student wishing to transport themselves to/from school must remain on the sidewalks once entering the BYDS parking lot and absolutely may NOT ride through the parking lot except in the minimal areas where it is absolutely unavoidable. It is expected that such students have been educated in bicycle/scooter safety and that students are advised that they must wear helmets when riding on school property.

I, the undersigned parent of \_\_\_\_\_, recognizing that allowing my child to transport themselves to and/or from school unaccompanied by an adult involves certain inherent risks and dangers, including property damage and/or physical injury, do hereby agree to assume the risks attendant to all activities associated with such unaccompanied transportation, including but not limited to: property damage and/or personal injury to them as a result of motor vehicle accidents or motor vehicle collisions on either public streets or private property; property damage and/or personal injury to BYDS property or employees or any third persons resulting from their activities; property damage and/or personal injury to them resulting from the acts of third parties; property damage and/or personal injury resulting from their own errors, omissions, or negligent acts.

The undersigned hereby releases and forever discharges the BYDS, along with all of its agents, employees, directors, officers, assigns, and attorneys, from any and all liability, claims, suits, demands, expenses of litigation, or causes of action arising out of any injuries, known or unknown, which have resulted or may in the future result from the student listed below transporting themselves to or from our school using any mode of transportation without adult supervision.

This liability waiver/release applies to the following student:

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_  
First Middle Last

Who is currently enrolled in Beth Yeshurun Day School this \_\_\_\_\_ day of \_\_\_\_\_, 2018

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

Parent(s) Printed Name(s): \_\_\_\_\_

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!