



Permission Releases

News, Photo, Media Release

Temple Emanu-El may take pictures of your child in order to promote awareness of the Temple Emanu-El Religious School. These photos may be used internally for school bulletin boards, be published in the Temple Bulletin, Temple Website, Facebook page, newspapers or Twitter. Your authorization is required in order to photograph and use the photos for the purpose of promoting Temple Emanu-El Religious School.

Student Name(s): _____

| | | |
|--|----|--|
| Please respond to each statement below by circling yes or no: | | |
| Yes | No | Name & photo can be used for school bulletin boards. |
| Yes | No | Name & photo can be used for Temple Bulletin. |
| Yes | No | Name & photo can be posted to Temple website. |
| Yes | No | Name & photo can be published in newspapers. |
| Yes | No | Name & photo can be posted on social media. |

Parent Signature _____ **Date** _____

Blanket Field Trip Permission

In lieu of separate permission slips, we are asking you to sign a "Blanket Release" for all field trips, which may take place outside of our school building. If you would prefer a separate field trip release form for each trip please indicate below. Teachers or the Religious School Director will inform you of any upcoming field trips.

Student Name(s): _____

I give ____ I do not give ____ "blanket" permission for my child (ren) to participate in Religious School field trips. I understand that a Temple Staff member or Adult Congregant will transport them by car.

Indicate if you would like a separate field trip release form for each field trip: Yes or No

In the event of an accident, we will not hold Temple Emanu-El, its members or its staff, or the Religious School legally responsible.

Parent Signature _____ **Date** _____

For Office Use Only

Date: _____



Individual Learning Information

Please tell us how your child learns and if you have any particular information that would help us to make your child's learning experience more successful. All information will be kept confidential and only those teachers who work directly with your child will see this information.

Child's name: _____

- Does your child have an IEP in public school? yes no
If yes, may we have a copy to give to the teachers? yes no

- Does your child have any special learning needs? yes no

If yes, please list: _____

- Does your child have any special behavioral/social needs? yes no

If yes, please list: _____

- Does your child need special seating in the classroom? yes no
If yes, where: near the front, back, middle?

- Is there anything we should know about your child's learning style? What works well? What does he/she have trouble with? _____

- How can we help your child have a successful year? _____

- Would you like to speak with me or your child's teacher before school begins? yes no

Phone number and best time to reach you: _____

Parent Signature: _____ Date: _____

Thank you,
Morah Devorah

For Office Use Only

Date:

Teacher:



SAFE DISMISSAL POLICY GRADES PRE-K through 7

To ensure the safety of our students and for the convenience of carpools, we are reminding you of our Safe Dismissal Policy. Please see dismissal rules for each grade below:

| <u>Grade</u> | <u>Rule</u> |
|--------------|--|
| Pre-K - 2 | Parent/Carpool Driver must pick-up children in their classroom |
| 3 - 7 | Students may be dismissed to a designated classroom (that of the youngest child in the group) or they can be dismissed to the Brindis Entrance off 10 th Avenue to wait for pick-up by parent/carpool driver. |

Early dismissal requests must be submitted in writing and given to the child's teacher immediately upon arrival at school. **Please report directly to the religious school office to sign out your child when picking them up for early dismissal.** You may then proceed to your child's classroom to pick him/her up.

PLEASE DO NOT DOUBLE PARK ON 10TH AVENUE FOR THE SAFETY OF EVERY CHILD IN OUR SCHOOL.

All families that carpool must fill in this Safe Dismissal Form in order for your child to be released to another authorized driver. Please complete so we know who will be picking your child(ren) up from school.

Students in Pre-K through Grade 2

I give my permission for my child _____, to be picked-up in their classroom by my authorized driver.

Students in Grades 3 through 7

I give my permission for my child _____ to be dismissed to the Brindis 10th Avenue foyer to wait for pick-up by my authorized driver.

OR

I give my permission for my child _____ to be dismissed on Wednesdays or Sundays to the classroom of _____ and wait for pick-up by my authorized driver.

Student Name:

List all authorized drivers allowed to pick up your child(ren) from religious school:

Parent Signature:

Date:

For Office Use Only

Date:

Teacher:



**TEMPLE EMANU-EL RELIGIOUS SCHOOL
PARENT/STUDENT EVALUATION**

Please fill in this parent/student evaluation form and return it to the Religious School office. Your feedback will enhance your child's Religious School experience. Your comments on curriculum, learning environment, teacher student rapport, field trips, special programs or any other Religious School activity is appreciated. Please discuss these items with your child as we want their feedback as well.

Please rate your child's overall experience at Religious School:

Loved it Ok Could have been better

Parent Comments: _____

Student Comments: _____

Fund Raisers - likes, dislikes be specific:

Comments: _____

Do you have any new ideas for Fund Raisers for next year? _____

Any other comments: _____

Parent signature: _____ Date: _____

Student name: _____

Thank you for filling out this survey – please remember to send it back!

For Office Use Only

Date:

Teacher:



Parent Volunteer Form

Name: _____

Home Phone: _____ Cell Phone _____

Email: _____

Student's Name: _____ Grade: _____

I would like to volunteer as a Room Parent: Room parents make phone calls about special events, such as Share-A-Shabbat Dinners and help organize the Family Service Oneg, classroom snacks, holiday celebrations, etc.

Yes _____

I would like to volunteer to help at School Events: Yes _____

I would like to volunteer for the PTO:

Join the Parent Teacher Organization _____ Take a leadership role in the PTO _____

Help with PTO Fundraisers _____

I would like to volunteer for the School Committee: Yes _____ Interested in what's going on at Religious School? The school committee meets monthly to discuss curriculum, budgets, school events, fundraising, general issues, etc.

I would like to volunteer as a Substitute teacher/tutor: (on occasion as needed in the Religious School)

Please specify availability – circle grades you would be willing to teach

| | | | | | | | | | |
|-----------------------|------|---------|-------|---|---|---|---|---|---|
| Sunday Mornings | TAPT | Pre-K/K | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Monday Evenings | 8 | 9 | 10-12 | | | | | | |
| Wednesday Afternoons | 3 | 4 | 5 | 6 | 7 | | | | |
| Can you teach Hebrew? | Yes | _____ | | | | | | | |

Please return to the Religious School Office.

For Office Use Only

Date: