MORRIS NIRENBERG RELIGIOUS SCHOOL OF TEMPLE BETH TORAH

Information and Permissions 2018-2019
ALL INFORMATION IS STRICTLY CONFIDENTIAL

Student name:_____

Education Information

1   Does your child have any physical, vision, hearing, neurological, behavioral or other issues that impact learning?..........**Yes / No**
     * If yes, the Director of Education will contact you to discuss your child's learning needs.

2. Is your child currently receiving special education services in his/her public or private school through an Individualized Education or 504 Plan? If so, please submit a copy of the plan to the Education Director so we can meet your child's academic needs to the best of our abilities within our classroom setting…………………………………………………………………**Yes / No**

3. Would you like to receive a copy of the school's Special Education Policy? ………………………………………………………..**Yes / No**

Your Involvement in the Religious School

I am interested in becoming a room parent (i.e., coordinating volunteers) in Grade _____...**Yes / No**

I have a field of interest or expertise that relates to the Jewish religion or Religious School that I am willing to share………..**Yes / No**

Topic _____   Grade Level _____

I am interested in becoming a member of the Education Committee which meets monthly and discusses issues which pertain to the Religious School programs and curriculum……………………………………………………………………………………………… **Yes / No**

School Directory:
I give permission to include my child's first and last name, parent names, home address, home phone member and parents' email address is the religious school directory. I understand that the directory is to be used for social purposed only and is not to be used for solicitation or business purposes.   **Yes / No**

Exclusions:_____

Parent/Guardian Signature_____   Date: _____

Medical Treatment Release

I hereby give permission to the Director of Education or Staff member in charge to take whatever steps deemed necessary to obtain emergency medical care, if warranted, for my child. In the case that emergency contacts are unavailable and emergency treatment is necessary, I hereby authorize a physician or such assistants to render emergency medical treatment to my son/daughter. I understand that I am responsible for any related expenses.

Parent/Guardian Signature_____   Date: _____

Publishing Permissions:

At Temple Beth Torah we are very proud of our students and their accomplishments. We highlight the kid's activities and their accomplishments in many different ways using photographs, videos, and/or audio recordings.
Please check next to each to give permission:

☐ In-house power point presentation   ☐ Class/Temple made movie for in house viewing

☐ Publishing in the class blog page or other internet page   ☐ School or Temple wide email newsletter

☐ Class/Temple made movie posted to a private You Tube account   ☐ Electronic communication (i.e. Skype)

☐ Local newspapers or other forms of publicity for TBT   ☐ Display my child's individual work and his/her

                                                                          contributions to group projects.

Other exclusions: _____

Parent/Guardian Signature_____   Date: _____

Computer and Internet Acceptable Use Policies

The Morris Nirenberg Religious School's information technology resources, including computer use and   Internet access, are provided for educational purposes. Adherence to the following policy is necessary for continued access to the school's technological resources:

Students will

1. <u>Respect and protect the privacy of others.</u>
   - Use only assigned accounts.
   - Not view, use, or copy passwords, data, or networks to which you are not authorized.
   - Not distribute private information about others or yourself.

2. <u>Respect and protect the integrity, availability, and security of all electronic resources.</u>
   - Observe all network security practices, as posted.
   - Report security risks or violations to a teacher or Education Director.
   - Not destroy or damage the computer, cables, data, networks, or other resources used.
   - Conserve, protect, and share these resources with other students and Internet users.
   - No Electronic equipment may leave the Temple building without special authorization for Education Director.

3. <u>Respect and protect the intellectual property of others.</u>
   - Not infringe copyrights (no making illegal copies of music, games, or movies!) and not plagiarize.

4. <u>Respect and practice the principles of community.</u>
   - Communicate only in ways that are kind and respectful.
   - Report threatening or discomforting materials to a teacher.
   - Not intentionally access, transmit, copy, or create material that is inappropriate and/or illegal.
   - Not send spam, chain letters, or other mass unsolicited mailings.
   - Not buy, sell, advertise, or otherwise conduct business, unless approved as a school project.

Students may, if in accord with the policy above

- Design and post web pages, videos and other material from school resources.
- Use direct communications such as Skype, online chat, or instant messaging ONLY with a teacher's permission.
- Install or download software, according to laws and licenses, and under the supervision of the education director.
- Use the resources for educational purpose.

Violations of these rules may result in disciplinary action, including the loss of a student's privileges to use the school's information technology resources.

Supervision and Monitoring. Director of Education and teachers monitor the use of information technology resources to help ensure that uses are secure and in conformity with this policy. Administrators reserve the right to examine, use, and disclose any data found on the school's information networks in order to further the health, safety, discipline, or security of any student or other person, or to protect property. They may also use this information in disciplinary actions.

I ACKNOWLEDGE AND UNDERSTAND THE POLICY:

Parent/Guardian _____   Date _____