



**TEMPLE SHIR SHALOM  
STUDENT ENROLLMENT VERIFICATION  
SHOresh: 2019-2020**



**PLEASE COMPLETE/VERIFY THE FOLLOWING INFORMATION. IF THERE ARE ANY CHANGES, PLEASE MAKE THE APPROPRIATE CORRECTIONS, SIGN AND DATE AT THE BOTTOM. PLEASE RETURN PRE-FILLED OUT FORMS TO TEMPLE BY MAY 6TH.**

STUDENT NAME:	_____	Nickname	_____
2019-2020 GRADE:	_____	DOB	_____
PARENT/ GUARDIAN 1	_____	PARENT/ GUARDIAN 2	_____
ADDRESS	_____	ADDRESS	_____
CITY, ZIP	_____	CITY, ZIP	_____
CELL PH.	_____	CELL PH.	_____
WORK PH.	_____	WORK PH.	_____
HOME PH.	_____	HOME PH.	_____
E-MAIL	_____	E-MAIL	_____
STEP PARENT (if applicable)	_____	STEP PARENT (if applicable)	_____

***I have double checked the above information and it is correct.***

**IF CHILD HAS MORE THAN ONE ADDRESS – PLEASE SPECIFY TO WHICH ADDRESS AND EMAIL YOU PREFER INFORMATION SENT:**

PARENT /GUARDIAN 1     PARENT /GUARDIAN 2     BOTH

**SHIR SHALOM HAS OUR PERMISSION TO PUBLISH OUR CONTACT INFORMATION IN THE RELIGIOUS SCHOOL DIRECTORY**     YES     NO

**PREFERRED PHONE NUMBER**     CELL PHONE(S)     HOME PHONE

**TREATMENT PERMISSION FORM**

In case of an injury or illness involving my child(ren), when neither parent / guardian can be reached at the phone numbers shown on this form, we authorize the attending physician and hospital personnel to take such action and give such treatment as they deem advisable for our child(ren)'s comfort and well-being. Furthermore, we agree to pay any and all charges which result from such treatment.

Family Physician	_____	Phone	_____
Family Dentist	_____	Phone	_____
Medical Insurance Co.	_____		
Contract #:	_____	Group #:	_____
Hospital Preference	_____		

Emergency contact to be called when parent(s) / guardian(s) cannot be reached:

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

\_\_\_\_\_  
PARENT / GUARDIAN SIGNATURE                      DATE

<b>For office use only:</b> date rec'd _____
Database <input type="checkbox"/> CC <input type="checkbox"/> Billed <input type="checkbox"/> ES <input type="checkbox"/>



**2019-2020 STUDENT INFORMATION**  
**PLEASE COMPLETE ONE FORM PER CHILD**

Name \_\_\_\_\_

Hebrew Name \_\_\_\_\_

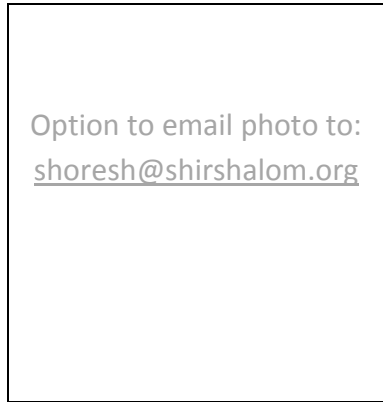
Grade Level \_\_\_\_\_  Male  Female  GNC

School \_\_\_\_\_

I am a  new student  returning student

Student E-Mail \_\_\_\_\_

Student Cell Phone \_\_\_\_\_



Option to email photo to:  
[shoresh@shirshalom.org](mailto:shoresh@shirshalom.org)

Please include photo

**Even if you have shared information below with us in the past, please answer each question in full detail, use the back or additional pages if necessary.**

**Health Matters**

Are there any special health matters which we should be aware of? Physical restrictions?

<input type="checkbox"/> Seasonal Allergies	<input type="checkbox"/> Asthma	<input type="checkbox"/> Bloody Noses	<input type="checkbox"/> Other Non-Food Allergies
<input type="checkbox"/> Medication Allergies	<input type="checkbox"/> Migraines	<input type="checkbox"/> GI Issues	<input type="checkbox"/> Other
<input type="checkbox"/> Bee Sting Allergy	<input type="checkbox"/> Physical Impairment	<input type="checkbox"/> Color Blind	

**Please provide details for anything checked above on the back.**

**Learning Styles**

Is your child diagnosed with or does your child have any of the following? (Please check all that apply.) If your child has an IEP, 504 plan, or other written accommodations, please share this information with us to help us best meet your child's needs.

<input type="checkbox"/> IEP	<input type="checkbox"/> Oppositional Defiant Disorder	<input type="checkbox"/> Processing Disorder	<input type="checkbox"/> Dyslexia
<input type="checkbox"/> 504	<input type="checkbox"/> Learning Disabilities	<input type="checkbox"/> Sensory Disorder	<input type="checkbox"/> OCD
<input type="checkbox"/> Written Accommodations	<input type="checkbox"/> Speech/Language Disorder	<input type="checkbox"/> Autism Spectrum	<input type="checkbox"/> Other
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Behavior Disorder	<input type="checkbox"/> Anxiety	

**Please provide details for anything checked above on the back.**

**Dietary Restrictions**

Please list any dietary restrictions, food allergies, etc. that we need to know about.

<input type="checkbox"/> Peanut Allergy	<input type="checkbox"/> Egg Allergy	<input type="checkbox"/> Fish Allergy	<input type="checkbox"/> Vegan
<input type="checkbox"/> Tree Nut Allergy	<input type="checkbox"/> Gluten Allergy	<input type="checkbox"/> Fruit Allergy	<input type="checkbox"/> Other
<input type="checkbox"/> Dairy Allergy	<input type="checkbox"/> Soy Allergy	<input type="checkbox"/> Vegetarian	

**Please provide details for anything checked above on the back.**

**We try** to honor one friend request per student, especially when students request each other. These requests are for Judaic studies only. No more than 2 requests will be accepted.

1. \_\_\_\_\_ 2. \_\_\_\_\_

Will your child attend a **Jewish** overnight camp during the summer of 2019?  Yes  No

If so, which camp? \_\_\_\_\_

Additional Health Matters Details: \_\_\_\_\_

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Additional Learning Styles Details: \_\_\_\_\_

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Additional Dietary Restrictions Details: \_\_\_\_\_

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## SHORESH COMMUNICATION RELEASE FORM 2019-2020

Student Name: \_\_\_\_\_

Parents/Guardian Names: \_\_\_\_\_

Parent / Legal Guardian – Please read carefully the release statements below. Then complete, sign, and turn in to the school office. **Please complete one release for EACH child. Your decisions will hold true for the years your student is attending this school unless removed in writing.** IN THE FIRST FOUR CHOICES, STUDENTS **MAY** BE IDENTIFIED BY NAME.

*IN AN EDUCATIONAL SETTING, THE STUDENT LISTED ABOVE MAY:*

Be photographed for use in print publications, including, but not limited to yearbooks, school directories and newsletters, published and distributed by Temple Shir Shalom.  Yes  No

Be photographed for use by newspapers / magazines and their web pages.  Yes  No

Be interviewed, identified and / or videotaped by broadcast television reporters.  Yes  No

Have **classroom work** displayed in the Temple, on the Temple Shir Shalom website, on the local cable education access channel or in non-commercial promotional materials created by Temple Shir Shalom.  Yes  No

*THE STUDENT LISTED ABOVE MAY:*

Be photographed or videotaped as part of a Temple Shir Shalom digital media or multimedia release, including but not limited to DVD's, CD's, TV and the Temple Shir Shalom web page.

OK to be included if **NOT** identified by name:  Yes  No

OK to be included if identified by name:  Yes  No

The undersigned also hereby releases Temple Shir Shalom, its employees and agents, from any and all claims, which may now or hereafter arise out of or in connections with the publication, broadcast and dissemination of said conditions in the manner described above.

\_\_\_\_\_  
Signature (Legal Guardian if child is under the age of 18)

\_\_\_\_\_  
Date



## HEALTH APPRAISAL

**Dear Parent or Guardian:** The following information is requested so that the school can work with the parent to meet the physical, intellectual and emotional needs of the child. Fill out the information requested in Section I. Section III may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse and dentist. **(BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION.)**

### PERSONAL

CHILD'S NAME (Last, First, Middle)	DATE OF BIRTH (mm/dd/yy) / /
ADDRESS (Number & Street) (City) (ZIP Code) MI	TODAY'S DATE (mm/dd/yy) / /
PARENT/GUARDIAN (Last, First, Middle)	HOME TELEPHONE NUMBER ( )
ADDRESS (Number & Street) (City) (ZIP Code) MI	WORK TELEPHONE NUMBER ( )

### IMMUNIZATIONS

Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information.\*

VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY	VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY
Hepatitis B (HepB)	1	Hepatitis A (HepA)	1
	2		2
DTaP/DTP/DT/Td	1	Influenza (IIV/LAIV)	1
	2		2
	3	Meningococcal (MCV4 / MPSV4)	1
Tdap	1	Human Papillomavirus (HPV9/HPV4/HPV2)	1
Haemophilus Influenzae type b (HIB)	1		2
	2	OTHER Vaccines Specify Date & Type	Type of Vaccine(s)
1	1		
2	2		
Polio (IPV/OPV)	1	3	Date of Vaccine(s)
	2		
Pneumococcal Conjugate (PCV7/PCV13)	1	Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable	
	2	*NOTE: According to Public Act 368 of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious and other objections, provided that the waiver forms are properly prepared, signed and delivered to school administrators. Forms for these exemptions are available at your provider office for medical waiver forms and through your local health department for nonmedical waiver forms.	
1	Parent/Guardian refused immunizations: <input type="checkbox"/>		
2			
Measles, Mumps, Rubella (MMR)	1		
Varicella (Chickenpox)	1		
History of Chickenpox Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date:			
I certify that the immunization dates are true to the best of my knowledge			
_____		_____	
Health Professional's Signature		Title	
		/ /	
		Date	



## 2019-2020 SHORESH VOLUNTEER SIGN-UP SHEET

(Only fill out 1 per family)

A lot goes into making SHORESH successful. We couldn't do it without our wonderful, dedicated parent and family volunteers! Thank you, in advance, for making this school year the best yet!

First & Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Please check all opportunities that interest you!**

### **SUNDAY MORNINGS @ SHORESH:**

- Snack Helper:** Help supervise and distribute snack on Sunday mornings.
  
- Substitute Teacher:** No lesson planning required—just enthusiasm, passion and flexibility!
  - I prefer **Pre-K-3<sup>rd</sup> Grade**
  - I prefer **4<sup>th</sup>-6<sup>th</sup> Grade**
  - Whatever you need
  
- Lead Room Parent:** Help with classroom-specific activities.
  - Pre-K  K  1<sup>st</sup> Grade  2<sup>nd</sup> Grade  3<sup>rd</sup> Grade  4<sup>th</sup> Grade  5<sup>th</sup> Grade  6<sup>th</sup> Grade
  
- Parent Volunteer:** On call to assist the lead room parent or teacher.
  - Pre-K  K  1<sup>st</sup> Grade  2<sup>nd</sup> Grade  3<sup>rd</sup> Grade  4<sup>th</sup> Grade  5<sup>th</sup> Grade  6<sup>th</sup> Grade
  
- Greeter:** Welcome students, families and guests on Sunday mornings and help direct to classrooms.

### **ADDITIONAL VOLUNTEER OPORTUNITIES:**

- Tikkun Olam-a-thon Committee:** Help plan this school-wide day of community service designed to teach students about tikkun olam, repairing the world.
  
- Chicken Soup Cook-Off Committee:** Help plan this wonderful fundraiser.
  - I am interested in...
  - Soliciting:** Help find new professional participants and sponsors.
  - Set Up/Clean Up**
  - Serving:** Help serve some of the delicious soups at the event.
  
- Purim Carnival:** Help our SSTY teens run a fun and successful Purim Carnival.
  - I am interested in...
  - Ticket Sales**
  - Food prep and service**
  - Adult supervision of games and prize room**

### **OTHER TALENTS YOU WOULD LIKE TO SHARE:**

Jewish Federation of Metropolitan Detroit  
**Need Based Jewish Education Scholarship Application Form**  
2019-2020

**PLEASE COMPLETE ONE APPLICATION PER CHILD AS NEEDED**

I. STUDENT INFORMATION

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

Grade in Public School in year(s) 2019-2020 \_\_\_\_\_

Address \_\_\_\_\_  
(street) (city) (zip)

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

II. FAMILY INFORMATION

A. Total number of children in family \_\_\_\_\_

Name	Age	Grade	Attending Religious School in September 2019
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. Parent/Guardian 1 Name \_\_\_\_\_

Home Address \_\_\_\_\_  
(street) (city) (zip)

C. Parent/Guardian 2 Name \_\_\_\_\_

Home Address \_\_\_\_\_  
(street) (city) (zip)

Home Phone \_\_\_\_\_

**OVER**

## FINANCIAL CIRCUMSTANCES

Please explain why you are applying for an Educational Scholarship by telling us any information that would be helpful for us to know. This might include unusual expenses you have had in the past year or expect in this year, significant changes in income in recent years or expected this year, illness, housing or employment difficulties, debts, support of aged relatives, etc. (please attach additional pages if needed).

### III. PARENTAL VERIFICATION

We have checked this application and affirm that the information given is complete and correct.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

### OFFICE COMMENTS/OFFICE USE ONLY

Date Received \_\_\_\_\_

T.O. \_\_\_\_\_ S.O. \_\_\_\_\_ EX \_\_\_\_\_

2019-2020