



2015-16

STUDENT INFORMATION FORMS

Dear Parents,

Enclosed are student information forms for the 2015-16 school year.

Please note that these forms must be signed and returned to the office before the school year begins. Individual forms must be filled out for each student attending.

Form checklist:

- Dismissal Form
- Saba's Lunch Permission Slip
- Cellphone Form
- Handbook Acknowledgement Form
- Medical Information and Treatment Authorization
- Parental Authorization Form
- Agreement for use of TGA's Computer Resources
- Consent for Participation in Physical Education
- Photography Release
- Field Trip Permission
- Please attach a copy of your daughter's current Immunization Record**

Please free to contact me with any questions you have.

Mrs. Rachel Bergida
Director of Student Services
mrsbergida@tgatexas.org



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DISMISSAL FORM

Student's Name: _____

I understand that standard dismissal time on Monday through Thursday is at 4:50pm and on Friday at 1:15 pm. Additionally, I am aware that on occasion Torah Girls Academy arranges dismissal at other specified times. If I, or my designated carpool driver, have not yet arrived to the school by the specified time for dismissal, I permit Torah Girls Academy to dismiss my daughter and I allow her to wait for me, unsupervised.

Parent Signature: _____ Date: _____

SABA'S LUNCH PERMISSION SLIP

I understand that TGA students are permitted to leave the premises during their lunch period to walk to Saba's, as long as the following conditions are met:

- a) Students may only go in groups of two or more students.
- b) Students are expected to return to school promptly for their next class.
- c) Students are expected to sign out and inform a member of TGA's administration about their plan to leave school grounds, prior to their departure.

I give permission to my daughter to go to Saba's for lunch.

Signature _____ Date _____



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CELL PHONE FORM

1. We have found that having access to cell phones has been a significant distraction to many of our students. Accordingly, students will not be allowed to keep their phones during the school day.
2. If a student feels that she wants her phone in school so she can access it after school, a cell phone “parking lot” has been set up by the front desk. Any student bringing a cell phone to school will be required to leave the phone in her specified slot for the entire school day. It is the student’s responsibility to put her phone in the cell phone “parking lot” each morning. This policy is in line with many schools around the country.
3. Parents are encouraged that when they need to leave a message with their daughter that they contact the school office via phone or email. For those parents who feel that they must leave messages on their daughter’s phone, students will have a 5 minute time frame to check their phones for messages at the beginning of their lunch period. They will also be able to call or text their parents at that time. Students will not be allowed to leave the cell phone area with their phones.
3. Any student seen with her phone during the day will have the phone taken away. This will apply even if the student was not “using” the phone. In addition, the following consequences will ensue.
 - 1st offense: A **parent** will have to come into the school building and pick up the phone at the end of the day.
 - 2nd offense: Lunch detention
 - 3rd offense: In-school suspension
4. In an emergency situation, where a student needs her phone during the day, a note or email from a parent must be sent to the school outlining the situation. If a student is granted this privilege and she is found abusing her right, her consequence will be that of a second offense.

All parents are asked to discuss the following cell phone plans with their daughter(s) and complete and sign a form indicating the personal option that has been selected from the following alternatives:

- My daughter will not be bringing a cell phone to school
- My daughter will be bringing a cell phone to school and will leave it in the cell phone area until the end of the school day.

Signature of Parent

Signature of Student



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HANDBOOK ACKNOWLEDGEMENT FORM

I _____ hereby acknowledge having read the TGA parent/student
(Student's Name)

handbook and agree to abide by the expectations and policies stated therein.

Student's Signature

We acknowledge having read the TGA parent/student handbook and agree to support the expectations and policies stated therein.

Father's Signature

Mother's Signature



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MEDICAL INFORMATION AND TREATMENT AUTHORIZATION

In the event that I cannot be reached in an emergency during the school year, I hereby give permission to TGA to transport or arrange for transportation for my child, _____, to an emergency medical facility. In such an event, I hereby give permission for my child named above to be given emergency treatment at the hospital, which may include but is not limited to blood tests, x-rays, emergency anesthesia or other necessary medications, and/or emergency surgery if necessary to preserve life or a limb. **This form may be photocopied for use out of school.**

Signature of Parent or Legal Guardian

Date

Physician Name _____ Phone Number _____

Insurance Information:

Company Name _____

Policy Number _____ Group Number _____

Phone Number _____

Allergies (to medications, bites, foods, & other substances):

Other Medical Conditions (diabetes, asthma, breathing problems, mental health, etc.):

Current Medications and Dosage: _____

Other Medical Information _____

Date of Last Tetanus Shot: _____



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PARENTAL AUTHORIZATION FORM

Student's Name _____

PLEASE INITIAL NEXT TO EACH PARAGRAPH IF YOU GIVE YOUR CONSENT.

 A. Authorization to Consent to Medical Treatment. In the event my child becomes ill or injured at school or in a school related event and I cannot be reached, TGA is authorized to take one or more of the following actions: a) release my child to either of the people listed below; b) take my child to the physician indicated; or c) take my child to a hospital and give consent for emergency care.

TGA is not financially responsible for emergency care, transportation, or medical contingencies.

Local emergency telephone numbers if parents cannot be reached at above numbers:

Name _____ Telephone _____ Relationship _____

Name _____ Telephone _____ Relationship _____

Name _____ Telephone _____ Relationship _____

Doctor's Name _____ Office Telephone _____

Doctor's Address _____ City/State _____ Zip _____

Preferred Hospital _____

Please complete next page . . .



B. Authorization of Administration of Medication at School:

I give my consent for my child to be administered the following non-prescription medications(s) by the school's designee.

- | | | |
|------------------------------|------------------------------|-----------------------------|
| Acetaminophen (Tylenol)..... | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Ibuprofen (Advil)..... | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Benadryl..... | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Cough Drops..... | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Maalox..... | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Sudafed..... | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Midol..... | <input type="checkbox"/> yes | <input type="checkbox"/> no |

Other medications which may be required by the student during school hour or activities must be supplied by the parents and brought to the school in the original container properly labeled with the name of the student and identification of the medication, the dosage, and the time to be administered by the school's designee.

Other Special Medical Instructions _____

Signature of Parent or Legal Guardian

Date



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AGREEMENT FOR USE OF TGA'S COMPUTER RESOURCES

Section I. *(To be completed by all system users)*

User's Name: _____

I have read and understand TGA's Use Policy giving rules for the use of the school's computer resources. I am responsible for my actions and agree that I will abide by the above policy when using the school's computer and other technology related equipment and resources. I understand that all my work and e-mail messaging is not to be considered private or confidential and that it may be monitored at any time to ensure compliance with this policy. In the event that I violate any of the policy rules I understand that my access to the computer system may be terminated in addition to other disciplinary action.

Signature _____ **Date** _____

Section II. *(To be completed by the guardian of a system user under age 18)*

User's Name: _____

I have read and understand the schools Use Policy giving the rules for the use of the school's computer resources. The above named child has my permission to be an independent user of the school's computer resources, including connecting to the Internet, in accordance with the Use Policy.

Signature _____ **Date** _____



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CONSENT FOR PARTICIPATION IN PHYSICAL EDUCATION

FULL PARTICIPATION

I understand that physical education is a class and includes physical activities.

My/Our daughter, _____ has permission and does not have any medical condition or needs that exempt her from participating fully in all such activities. I/We agree to hold Torah Girls Academy, its Board of Directors, its employees and authorized volunteers harmless should any mishap occur. I/We realize that Torah Girls Academy and Torah Girls Academy staff will do all possible to provide for the safety of my/our child. In the event of an accident in which my/our child is injured, I/we give my/our express consent for the Torah Girls Academy staff to obtain medical treatment and will bear all expenses incurred on behalf of my daughter.

By my signature on this document, I agree to the terms written above.

Parent Signature _____ **Date** _____

LIMITED PARTICIPATION

I understand that physical education is a class and includes physical activities.

Complete this section if your daughter has physician prescribed limitations to her physical exertion level.

For reasons explained below physical activities for my/our child, _____, must be limited. My/Our child has permission to participate within the guidelines set forth in the limitations prescribed below by his physician. I/We agree to hold Torah Girls Academy, its Board of Directors, its employees and authorized volunteers harmless should any mishap occur. I/We realize that Torah Girls Academy and Torah Girls Academy staff will do all possible to provide for the safety of my/our child. In the event of an accident in which my/our child is injured, I/we give my/our express consent for the Torah Girls Academy staff to obtain medical treatment and will bear all expenses incurred on behalf of my daughter.

The physician has prescribed these limitations: _____

Physician's Name: _____

By my signature on this document, I agree to the terms written above.

Parent Signature _____ **Date** _____



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PHOTOGRAPHY RELEASE

I allow my daughter, _____, to be photographed by Torah Girls Academy employees or volunteers. I am aware that these pictures might be displayed in the hallway or classroom and used as promotion for our school. These pictures might show up in our school newsletter, as well as in other local and national newspapers or newsletters.

Parent Signature _____ Date _____

FIELD TRIP PERMISSION

I allow my daughter _____, to be transported to and from Torah Girls Academy on each of their scheduled field trips for the current school year via Torah Girls Academy personnel driver or parents. Drivers are not liable for any occurrence.

NO STUDENT WILL BE ALLOWED TO JOIN US WITHOUT A SIGNED PERMISSION SLIP.

Parent Signature _____ Date _____