



Dear Families:

Welcome to the Scheck Family Religious School for the 2022-2023 school year. We are so happy you have chosen our school and we are excited for the journey ahead!

As we prepare for the upcoming school year, please complete and submit electronically the Back to School Package. **No packets will be accepted after August 26<sup>th</sup>.** All pages are to be signed and submitted. Package can be found on the website.

### **IMMUNIZATION POLICY**

The Scheck Family Religious School is mindful about the health of all members of our community. Immunizations are required in order for your child to attend our school and we must receive all up to date forms before August 26<sup>th</sup>.

Any student who is unable to be immunized for any medical reason must provide the school with a permanent medical exemption by State of Florida.

**SCHECK FAMILY RELIGIOUS SCHOOL DOES NOT ACCEPT RELIGIOUS OR MEDICAL EXEMPTIONS.**

The entire "Back to School Packet" must be submitted together along with a parent signature and staff signature approving the packet submission.

***Your child will not be permitted to start the school year without all the required paperwork.***

Please do not hesitate to contact the school by email: [grascovsky@btbrc.org](mailto:grascovsky@btbrc.org) if you have any questions regarding forms.

B'Shalom,

A handwritten signature in black ink, appearing to be "Grascovsky".

**Dr Gabriela Rascovsky**  
**Director of Lifelong Learning**



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## Submitting a Complete “Back to School Packet”

The Scheck Family Religious School, the Florida Department of Health, and the Department of Children and Families require the documents listed below. They must be submitted to the School office before August 26<sup>th</sup>, 2022.

- Office Information Form
- Acknowledgement Card
- Parking Decal Form
- Emergency Health Form (pgs. 1 & 2)**
  - **Health Insurance Policy information must be included or a Photo Copy of the Health Insurance Card (page 2).**
- Medical Authorization for OTC Medication Form (pgs. 3 & 4)
  - Page 3 is OPTIONAL, Doctor’s signature required
  - Page 4 MUST have a signed treatment order to start school whether or not you are planning to use medications during the school day. If you do not want your child medicated by the Nurse at school please indicate this on the form.
- Authorization for Administration of Prescription Medication \*OPTIONAL, Doctor’s signature required\*
- Food Allergy Action Plan \*OPTIONAL, Doctor’s signature required\*
- A copy of the Immunization Form (DH680) – this form is supplied by your physician or health care provider. This form must show all current immunizations. NO RELIGIOUS EXEMPTIONS WILL BE ACCEPTED.
- Zoom Etiquette for students

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

Parent Name and Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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RELIGIOUS SCHOOL

### SCHECK FAMILY RELIGIOUS SCHOOL OFFICE INFORMATION FORM

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mother or Guardian's

Father or Guardian's

Full Name: \_\_\_\_\_

Full Name: \_\_\_\_\_

Work #: \_\_\_\_\_

Work #: \_\_\_\_\_

Cellular #: \_\_\_\_\_

Cellular #: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

People authorized to pick up my child:

NAME	PHONE NUMBER	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____

People **Not Permitted** To Pick Up:

\_\_\_\_\_  
\_\_\_\_\_

**Carpool Arrangement:** Please complete which other Family will Pick Up your child/ren every Wednesday

\_\_\_\_\_  
\_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Other people to be notified in case of illness or accident:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_



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May Scheck Family Religious School contact another physician if unable to contact yours?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian(s) Signature

\_\_\_\_\_  
Date



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Beth Torah Benny Rok Campus

**SCHECK FAMILY RELIGIOUS SCHOOL  
ACKNOWLEDGEMENT CARD  
2022-2023**

*PLEASE PRINT LEGIBLY  
SIGN AND RETURN TO THE SCHOOL OFFICE*

Child(ren) Name(s)	Teacher /Program

We have received, read and accept the following:

**SCHECK FAMILY RELIGIOUS SCHOOL PARENT HANDBOOK 2022-2023** - We agree to follow and abide by all rules, requirements and procedures.

**PERMISSION TO ALLOW E-MAIL CONTACT**  
You may contact me via e-mail for periodic updates, news, and information.

**E-MAIL ADDRESS(ES)** \_\_\_\_\_  
\_\_\_\_\_

**In the event of an emergency and where it is deemed necessary to evacuate the building, I give permission for SCHECK FAMILY RELIGIOUS SCHOOL to transport my child to another location. I release SCHECK FAMILY RELIGIOUS SCHOOL and Beth Torah from any and all liability relating to such transport.**

-----  
I have read all of the above and I am providing consent by checking the appropriate boxes above.

Parent's Signature \_\_\_\_\_

Parent's Printed Name \_\_\_\_\_ Date \_\_\_\_\_  
First and Last



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Last Name: \_\_\_\_\_

## 2022-2023 PARKING DECALS

All parents or guardians who enter our campus by vehicle are required to affix a parking decal to the lower corner of the driver's front window of the vehicle.

This decal will identify vehicles belonging to our current BTBRC family, enabling our security personnel to expedite the entry process to our campus.

Please fill out the registration form below to obtain your parking decal(s). This form must be completed with **ALL** information before decals can be issued.

Decals are required for **every** vehicle that is regularly parked at our campus.

Thank you for your cooperation.  
*Security Committee*

Beth Torah Benny Rok Campus  
**2022-2023 PARKING PERMIT REGISTRATION**  
Please be sure to list all cars entering our property.

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Member  Non-Member  Staff  Other (Explain) \_\_\_\_\_

Vehicle	Make	Model	Year	Color	Plate #	Primary Driver
1						
2						
3						
4						
5						

For Office Use Only:				
1	2	3	4	5

RETURN THIS FORM TO THE SCHECK FAMILY RELIGIOUS SCHOOL OFFICE



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### EMERGENCY HEALTH FORM 2022 - 2023

(Personal and Confidential for Health Office only - PLEASE PRINT)

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: M F  
First and Last Name

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

#### EMERGENCY CONTACTS (other than parents)

##### Primary Emergency Contact

##### Secondary Emergency Contact

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

Home Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

#### MEDICAL INFORMATION

1. Allergy(ies): \_\_\_\_\_

2. Daily Medication(s) – please list all medications even if not given in school: \_\_\_\_\_

3. Describe medical conditions for which your child receives treatment (anemia, asthma, diabetes, headaches, orthopedic, epilepsy, digestive, cardiac, allergies, etc.): \_\_\_\_\_

4. Does your child have any restrictions on his/her activities?  Yes  No  
If yes, please explain: \_\_\_\_\_

5. Does your child have any health needs which require nursing during school hours?  Yes  No

\*If yes, please specify: \_\_\_\_\_

\* Please contact the school nurse if the answer is yes to set up a health care plan.

6. List any additional information that you would like the school/nurse to know about your child: \_\_\_\_\_



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## EMERGENCY HEALTH FORM 2022 – 2023

The health services at the Scheck Family Religious School are designed to provide immediate first aid, administer medication, and provide short-term care to students (until a parent or designated Emergency Contact can pick up the student). A diagnosis cannot be made, nor are there facilities for extended periods of bed rest. Parents need to pick up their children within one hour of being called by the nurse. We ask for your cooperation by keeping your child home if there is any question of illness.

Primary Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Hospital/Clinic Preference \_\_\_\_\_ Phone #: \_\_\_\_\_

*In case of an emergency, do you authorize the use of the nearest hospital, other than the one listed above?*

YES

NO

**\*\*In the case of an emergency during field trips, the nearest hospital will be used.**

I, the undersigned, hereby consent to and authorize the nearest hospital or health clinic and its physicians in charge of my child's care, to perform emergency treatments or diagnostic procedures including all medical and surgical treatment, x-ray, laboratory, anesthesia and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Insurance Co: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Ins. Telephone #: \_\_\_\_\_

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

Parent/Guardian Names: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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### MEDICAL AUTHORIZATION FOR OTC MEDICATION 2022-2023

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age Level: \_\_\_\_\_  
First and Last

Allergies: \_\_\_\_\_ Student's Height: \_\_\_\_\_ Student's Weight: \_\_\_\_ Kg/ \_\_\_\_ Lb

TO BE COMPLETED BY LICENSED PHYSICIAN, PHYSICIAN ASSISTANT, OR NURSE PRACTITIONER: This student may have the following Over the Counter (OTC) medications if needed during school hours. **All doses are per label instructions and stocked in the Health Office** (except for diaper creams).

MEDICATION	ROUTE	FREQUENCY	PERMISSION (MD)
A&D Ointment/Vaseline	Topical	p.r.n.	Yes ___ No ___
Acetaminophen – Child/Infant	p.o.	q4 p.r.n.	Yes ___ No ___
Anbesol (over 2 years old)	Topical	p.r.n.	Yes ___ No ___
Anti-itch Cream/Gel/spray	Topical	p.r.n.	Yes ___ No ___
Antibiotic Ointment (Neosporin)	Topical	p.r.n.	Yes ___ No ___
Arnicare	Topical	p.r.n.	Yes ___ No ___
Benadryl – Child	p.o.	q4-6 p.r.n.	Yes ___ No ___
Diaper Creams	Topical	p.r.n.	Yes ___ No ___
Hydrocortisone Cream	Topical	p.r.n.	Yes ___ No ___
Ibuprofen – Child/ Infant	p.o.	q6 p.r.n.	Yes ___ No ___
Normal Saline Eye Wash	Optical	p.r.n.	Yes ___ No ___
Pepto Bismol – Child	p.o.	p.r.n.	Yes ___ No ___
Solarcaine	Topical	p.r.n.	Yes ___ No ___
Suntan Lotion	Topical	p.r.n.	Yes ___ No ___
Tums – Child	p.o.	p.r.n.	Yes ___ No ___

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_  
 List health care procedures the student may independently monitor (inhalers, insulin, epi pens) \_\_\_\_\_

_____ Physician's Name (Printed)	_____ Physician's Address
_____ Physician's Signature	_____ City/State/Zip Code
_____ Date Completed	_____ Physician's Telephone Number



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**PARENT/GUARDIAN PERMISSION FOR TREATMENT and/or MEDICATION 2022 - 2023**

During the school day, medication is to be dispensed only by the Health Office nurse or her designee. For a prescribed medication to be dispensed, medication must be supplied by the parents in the original container, with the pharmacy label, only with a physician prescription, and an Authorization For Administration of Prescription Medication must be completed, signed and on file in the Health Office. **NO MEDICATION (OTC or Prescription) WILL BE DISPENSED WITHOUT A PRESCRIPTION FROM A PHYSICIAN (on a Scheck Family Religious School Form).** If a child uses insulin, an asthmatic inhaler, or needs an epi pen and wants to carry this medication with him or her, a physician order with instructions for use and parameters must be on file in the Health Office.

I hereby authorize the Scheck Family Religious School, through its designated authority (school nurse/head of school or her designee), to assist or perform the administration of each medication or treatment/procedure to or for my child during the school day including when he/she is away from school property for official school events (day field trips). This includes over-the-counter medications and prescription medications or treatments to my child according to the instructions given by a physician. Although medical information about your child will be kept confidential, I understand that the information concerning my child’s medical condition will be provided to all applicable school personnel and administrators to facilitate awareness and proper medical care throughout the day. I release Scheck Family Religious School and any employee from any liability for administering medication or treatment.

**NOTE:**

- **Prescription medications must be supplied in the original pharmacy labeled container. Ask the pharmacist to divide the medication into two completely labeled containers, providing one for home and one for school.**
- **The school nurse and/or her designee may administer only medications and/or treatments authorized by a physician. No medication will be given without a physician order on the Authorization for Administration of Prescription Medication form.**
- **It is your responsibility to notify the school when there is a change in medication or treatment regimen.**
- **Over the counter medication will only be given with a signed Medical Authorization for Over the Counter Form by a licensed physician**

I understand that if my child requires antibiotics, I will be responsible to administer them at home. If a dose must be given during school hours, the child’s pediatrician must complete an **Authorization for Administration of Prescription Medication** form which can be found on the school website at [www.btbrc.org/sfrs](http://www.btbrc.org/sfrs)

\_\_\_\_\_  
Parent/Guardian Name (Printed)

\_\_\_\_\_  
Parent/Guardian Signature

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

\_\_\_\_\_  
Date Signed



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## AUTHORIZATION FOR ADMINISTRATION OF PRESCRIPTION MEDICATION

(For use **only** if student needs a prescription medication during the school day)

**Instructions:** Each of the three sections must be completed by the appropriate person as follows: Parts I and III by Parent/Guardian, Part II by Physician. Please return the completed form to the School Health Office.

### I. STUDENT INFORMATION (To Be Completed By Parent/Guardian)

Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

### II. ACTION PLAN (To Be Completed By Physician). Please complete all spaces.

Diagnosis: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Start Date of Medication: \_\_\_\_\_ Stop Date of Medication: \_\_\_\_\_ Continue Entire School Year: \_\_\_\_\_

Medication: \_\_\_\_\_ Generic Name (If Used): \_\_\_\_\_

Dosage Amount: \_\_\_\_\_ Time To Be Administered At School: \_\_\_\_\_

Side Effects: \_\_\_\_\_

Student Capable and Responsible to Self Medicate:  No  Yes - Supervised  Yes - Unsupervised  
(Insulin, Inhaler or Epi pen only)

Purpose of Medication: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Name (please print): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Physician Address: \_\_\_\_\_

### III. PARENTAL PERMISSION (to be completed by parent or guardian)

Permission is hereby granted to the School Nurse or designated school personnel to assist my child in the administration of the above prescribed medication. I give permission for my child to take this medication while in school or while participating in school activities away from the school site. I understand that: (1) there is no liability on the part of Scheck Family Religious School, its personnel, or agents for civil damages as a result of the administration of this medication to my child; (2) this medication must be brought to the school only by a responsible adult; (3) this medication must be in its original labeled container (please ask pharmacy for separate labeled bottle for school); (4) this medication will be destroyed if it is not picked up within one week following the above stop date or one week after the close of the current school year, whichever occurs first. I hereby authorize the exchange of medical information regarding my child's treatment plan between the physician and Scheck Family Religious School health personnel.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medication orders must be renewed by the attending physician and release signed by the parent/guardian annually. Each medication, or any change in medication requires a new form. The parent/guardian will be responsible for ensuring that medicines provided for the school have not expired.



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# Food Allergy Action Plan 2022 – 2023



Student's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Teacher: \_\_\_\_\_

Allergy To: \_\_\_\_\_

Asthmatic: Yes  No  (higher risk for severe reaction if Yes)

## STEP 1: TREATMENT

### Symptoms:

- If a food allergen has been ingested, but no symptoms:
- Mouth Itching, tingling, or swelling of lips, tongue, mouth
- Skin Hives, itchy rash, swelling of face or extremities
- Gut Nausea, abdominal cramps, vomiting, diarrhea
- Throat Tightening of throat, hoarseness, hacking cough
- Lung Shortness of breath, repetitive coughing, wheezing
- Heart Thready pulse, low blood pressure, fainting, pale, blueness
- Other \_\_\_\_\_
- If reaction is progressing (several of the above areas affected), give

### Give Checked Medication:

(To be determined by Physician authorizing treatment)

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |

### DOSAGE

**Epinephrine:** inject IM (circle one): EpiPen® 0.3 mg    EpiPen® Jr. 0.15mg    Twinject 0.3 mg    Twinject 0.15 mg  
 Auvi-Q 0.3mg    Auvi-Q 0.15mg

**Antihistamine:** give \_\_\_\_\_  
 Medication/dose/route

**Other:** give \_\_\_\_\_  
 Medication/dose/route

## STEP 2: EMERGENCY CALLS

1. Call 911. State that an allergic reaction has been treated, and additional epinephrine may be needed.
2. Dr. \_\_\_\_\_ at \_\_\_\_\_ phone #: \_\_\_\_\_

### 3. Emergency contacts:

Name/Relationship	Phone Number
a. _____	_____
b. _____	_____

**EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Doctor's Signature \_\_\_\_\_ Date \_\_\_\_\_

(Required)



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## Online Model

### Zoom Meeting Etiquette

Thank you for following these rules. We are all in this together. Educators connecting with their students and families is paramount at this time. We are their rock and hopefully the glue that holds everything together during these challenging times. If you have any questions, feel free to reach out to us.

### Student Expectations

- **Find a Quiet Spot**

To avoid distraction for you and the others on the conference call, find a quiet spot in your house. It will be easier for classmates or teammates to hear from you and for you to hear them.

- **Be On Time**

Be on time for your zoom call. Ask your parents to log you into the call a few minutes early to make sure your device is working properly.

- **Have Materials Ready**

Be ready for your zoom meeting. Gather any materials you need ahead of time. Also, make sure you go to the bathroom beforehand. If you want to have water or snacks grab it before the zoom starts.

- **Stay in One Spot during the Zoom**

We know this seems like a great time to give your school friends a tour of your home and introduce them to your pets, but resist the urge. It's distracting to the class. So, stay put and schedule a video call with your friends later to give them the house tour.

- **Don't Use A Fun Background**

Zoom has a ton of fun backgrounds, but don't use them when you are on with your teacher or coach. It makes it very difficult for them to see you. If possible, find a spot in your house that has a simple background and has good lighting. But, don't sit in front of a window with the light streaming in behind you; that will also make it hard for people to see you.

- **Know When and How To Mute**

The mute button is your friend in zoom. When your device picks up any sound, zoom grabs your screen and puts you front and center. Turn on mute and keep it on until it is your time to speak.

- **Be Respectful**

During your zoom meetings with classmates and teachers, act like you would in your class at school.

- **Wait Your Turn**

Teachers will probably give you a signal to use, like raising your hand, if you have something to say. Use good manners by using this signal before speaking.





- **Be Presentable**

Take a few minutes to make yourself presentable. Brush your hair and teeth. Change out of your pajamas.

- **Using ZOOM tools**

Share your screen only you are invited to do so.

Do not scratch the screen or do special annotations when you are invited to do so

Only post chat messages relevant to the lessons if requested.

- **Skip virtual names or backgrounds**

Use your given names (Hebrew or English) and refrain from using virtual backgrounds or props unless you are instructed by the teacher.

### Parent Expectations

- Provide an appropriate environment within the home for virtual learning.
- Assist in ensuring student is present for Virtual Class Sessions.
- Assist in ensuring setting up on time while showing the basic tool, volume, microphone, headphones, mute and unmute.
- Communicate via email to your child's teacher if student is ill and unable to attend class(es).
- Individual students will use individual devices. (if you have any conflict, let us know)
- Individual students in different zoom meetings will should be in different rooms.
- Students should attend Zoom Virtual Class Sessions at the appropriate times. Please, connect a few minutes before class begins.
- Students will report on time and in appropriate attire (i.e., bathrobes, swimsuits, and pajamas are not appropriate).
- Stay tuned to teachers Notifications to receive Zoom Meeting link for each session and to retrieve relevant coursework as indicated by the teacher.
- Stay informed on our Scheck Family Religious school community and Miami-Dade County Public Schools.

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

Parent Name and Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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**Find some time to have a family conversation before school begins**  
**5 Easy-to-Follow Etiquette Rules for the Zoom Classroom**

You've had years to learn how to behave in a face-to-face classroom but what about an online classroom? Here are five easy-to-follow rules to ensure you are making the best virtual impression.

- **Clothing is NOT optional.**

Remember that, even though you may be alone at home, your teacher and classmates can SEE you! While attending class in your pajama bottoms is a tempting option, you'll want to make sure that you are presenting yourself in the best possible light at least from the waist up. Put on a clean shirt. Run a brush through your hair. Brush your teeth and put on deodorant... no, they can't smell you through the screen but that is just good common hygiene.

- **Be aware of your surroundings.**

Your teacher and classmates can also see BEHIND you. Make sure that there is nothing in the background (traffic, other people, a pile of laundry) that may distract from the class. While it is not necessarily the best choice to attend class from your messy bedroom, it may be the only place you can find peace and quiet away from roommates or family members. If that is the case, you can employ a Virtual Background to hide what you don't want seen.

- **Mute is your friend.**

Once you log in to the virtual classroom, be sure to mute your microphone (lower left-hand corner). This will help to eliminate background noise that could distract others.

- **Raise your hand and wait to be called upon.**

If you wish to speak, either physically raise your hand or use the "Raise Hand" button at the center of the bottom of your screen. Once the teacher calls on you, unmute yourself and begin speaking. When you have finished speaking, indicate you are done by saying something like "That's all" or "Thank you" and then mute your microphone again.

- **Use headphones with a mic.** It's easier for the class to hear from you when you need to talk if you are wearing headphones with an external microphone. Also, headphones will help you block out the distractions around you.

- **Dress the part.** While school uniforms aren't required for virtual schooling, you do want to make sure you look presentable for class. Change out of your pajamas (unless it is official pajama day), brush your hair and teeth and look presentable. Make sure any shirt you are wearing doesn't have any offensive graphics or text on it. Think about what you'd wear to school and dress accordingly.





- **Skip the virtual backgrounds.** While some programs have fun options to add a virtual background, that can be super distracting to the other students. Unless your teacher has requested it, skip it. Also, it's good to clean up your room or sit in front of a blank wall to keep the mess to a minimum.
- **Wait for your turn.** It's tough enough for teachers to manage a class when you are there in the same room. Virtual classes add a whole other challenge. Follow the teacher's instructions for volunteering and don't blurt out an answer unless you are called on. It can be a good idea to raise your hand instead of interrupting so that the teacher can finish the instructions before you jump in.
- **Remember, this is school.** While it might be exciting to see your friends (finally!), this is not the time or place to chat about Minecraft or what you had for breakfast. If your virtual classroom has a chat feature, stay out of it unless the teacher requests students use it. Chat is public to everyone in the class (including the teacher), and it can be distracting.
- **Respect your teachers!** This is the most important rule of all! Respect your teachers and all the work they have done to teach you in the virtual classroom. This might be a challenge for them too; we are all learning together. Make sure they know how much you appreciate them. The best way to do this is with good behavior in the virtual classroom (and gift cards don't hurt either!).



20350 NE 26<sup>th</sup> AVE, North Miami Beach, FL 33180 – 305.932.2829 – [www.btbrc.org](http://www.btbrc.org)







## Parent Handbook Acknowledgement

I acknowledge that I have received, read, and accept the following:

Scheck Family Religious School Parent Manual 2022-2023

I have read, understand, and agree to follow all policies, rules and regulations set forth in the Scheck Family Religious School Parent Manual 2022-2023.

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_