



We would like to welcome all of our new and returning students for the 2011-2012 school year. We are excited that you will be a part of this amazing community of students, parents and faculty!

Attached is the 2011-2012 school year calendar. We have also provided some important dates to note for the upcoming school year. As we move to a “paperless school” all information, including the school calendar, teacher contacts, forms, and updated information can always be accessed through our website www.adelsoncampus.org.

BACK TO SCHOOL ORIENTATION

Friday, August 26, 2011 - 9:30-11:30am.

FIRST DAY OF SCHOOL 2011-2012

Monday, August 29, 2011 - 8am

FIRST PTO MEETING

Tuesday, September 13, 2011 – 8:15am in the Dining Commons

2011-2012 IN PURSUIT OF EXCELLENCE GALA – HONORING ALAN DERSHOWITZ

Sunday, November 13, 2011 – 5pm at the Venetian Resort-Hotel-Casino

We hope you have a wonderful summer and enjoy your time as a family. Many of our families travel, spend time with relatives, attend camp, or just relax, so we do not have any assignments scheduled for your children this summer. However, we are providing you with a list of resources that you could choose to use if you want to continue your child’s learning during the summer months. It is also important to have your child read for pleasure throughout the summer. Please see the summer resources link on our website.

We look forward to seeing you in August!

The Adelson Campus Administration

**THE DR. MIRIAM & SHELDON G. ADELSON
EDUCATIONAL CAMPUS
SCHOOL CALENDAR 2011 – 2012**

AUGUST 2011

Monday	August 22	Staff Returns
Thursday	August 25	Staff Development Day
Friday	August 26	Orientation – Parents and Students 9:30 – 11:30 AM
Monday	August 29	First Day of Classes – Classes begin promptly at 8:00 AM

SEPTEMBER 2011

Monday	September 5	Labor Day – NO SCHOOL
Wednesday	September 28	Erev Rosh HaShanah – DISMISSAL @ 11:30 AM
Thurs. – Fri.	September 29 – 30	Rosh HaShanah – NO SCHOOL

OCTOBER 2011

Friday	October 7	Erev Yom Kippur – DISMISSAL @ 11:30 AM
Saturday	October 8	Yom Kippur
Thurs. – Fri.	October 13 – 14	Sukkot – NO SCHOOL
Thursday	October 20	Shemini Atzeret – NO SCHOOL
Friday	October 21	Simchat Torah – NO SCHOOL
Thursday	October 27	Parent Conferences – DISMISSAL @ 11:30 AM
Friday	October 28	Nevada Day – NO SCHOOL

NOVEMBER 2011

Friday	November 4	End of 1 st Quarter
Friday	November 11	Veteran's Day – DISMISSAL @ 10:30 AM
Wednesday	November 23	½ Day – DISMISSAL @ 11:30 AM
Thursday	November 24	Thanksgiving – NO SCHOOL
Friday	November 25	Family Day – NO SCHOOL

DECEMBER 2011

Mon. – Fri.	Dec. 19 – 30	Winter Break – NO SCHOOL
Tuesday	December 20	Erev Chanukah – Light the 1 st Candle
Wed. – Wed.	Dec. 21 – 28	Chanukah

JANUARY 2012

Tuesday	January 3	Classes Resume
Monday	January 16	Martin Luther King, Jr. Day – DISMISSAL @ 10:30 AM
Friday	January 27	Last Day of 1 st Semester

FEBRUARY 2012

Wednesday	February 8	Tu B'Shevat
Monday	February 20	President's Day – NO SCHOOL

MARCH 2012

Thursday	March 8	Purim
Friday	March 30	End of 3 rd Quarter

APRIL 2012

Mon. – Fri.	April 2 – 13	Spring Break
Friday	April 6	First Seder
Sat. – Fri.	April 7 – 13	Passover
Monday	April 16	Classes Resume
Thursday	April 19	Yom HaShoah
Wednesday	April 25	Israel Memorial Day
Thursday	April 26	Israel Independence Day

MAY 2012

Thursday	May 10	Lag B'Omer
Sunday	May 27	Shavuot
Monday	May 28	Shavuot/Memorial Day – NO SCHOOL

JUNE 2012

Sunday	June 10	High School Graduation – 2:00 PM
Friday	June 15	Last Day of School – DISMISSAL @ 11:30 AM



STUDENT INFORMATION UPDATE
2011-2012 School Year

A. REGISTRATION

Student _____
(First) (Middle) (Last)
Student Address _____ Zip Code _____

Sex ____ Birth Date _____ Age ____ Grade ____ E-Mail _____

Father's Name _____ E-Mail _____

Occupation _____ Employer _____

Home Phone _____ Cell _____ Beeper _____ Work _____

Mother's Name _____ E-Mail _____

Occupation _____ Employer _____

Home Phone _____ Cell _____ Beeper _____ Work _____

Emergency Contacts Other Than Parent

Name _____ Home Phone _____ Cell _____ Work _____ **Address** _____

Name _____ Home Phone _____ Cell _____ Work _____ **Address** _____

Authorized Escort(s) Other Than Parent

Name _____ Home Phone _____ Cell _____ Work _____

Name _____ Home Phone _____ Cell _____ Work _____

B. KNOWN HEALTH ISSUES

A separate "Health Plan" Form must be completed for medical conditions and allergies.

Is your child receiving medication at home? ()Yes ()No If yes, name of medication _____

If your child is to receive medication at school, a separate medication form must be completed by a physician.

Permission to seek Medical Assistance: In the event of an accident or serious illness, I (parent/guardian) do hereby authorize The Adelson Educational Campus to secure necessary emergency, surgical or medical care.

(signature)

My child's physician is:

Name	Address	City/State	Zip Code	Phone Number
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C. WALKING STUDENTS: Your signature below gives permission for your child to walk unsupervised to and from the Hebrew Academy. Giving your child permission to walk **does not include** allowing your child to wait at the corner of Hillpointe and Crestdale or Hillpointe and Spring Gate. If parents allow their child to wait at either of these locations, they do so completely at their own risk.

Parent/Guardian Signature _____

D. PHOTOGRAPHY/VIDEO RELEASE: The Adelson Educational Campus produces several publications such as yearbooks, brochures, handbooks, catalogs, public relations releases, etc. Your signature below gives permission to The Adelson Educational Campus to take photographs of your child with his/her name attached hereto and holds The Adelson Educational Campus harmless from any and all claims arising therefrom.

Parent/Guardian Signature _____

E. Statement: I, _____, am aware that I have the right to request and view any complaints the facility has received for the month my child(ren) enrolled in and the previous 12 months.

Parent/Guardian Signature _____



Dear Parents,

We are now sending many of our announcements through email so that we can save paper and make sure you receive our notices. We realize that we may not have an email address for you. Please complete this and return it to your child's teacher.

Thank you,

Stacy Colwell
Head of Lower School

Child's Name: _____

Classroom Teacher: _____

Primary Email Contact Name: _____

Email Address: _____
(Please print)

EDUCATION FOR LIFE

The Dr. Miriam & Sheldon G. Adelson Educational Campus
The Milton I. Schwartz Hebrew Academy, 18 Months - Grade 4 · The Adelson Middle School, Grades 5 - 8 · The Adelson Upper School, Grades 9 - 12
9700 West Hillpointe Road, Las Vegas, Nevada 89134 · Tel 702-255-4500 · Fax 702-255-7232 · www.adelsoncampus.org

THE DR. MIRIAM & SHELDON G. ADELSON EDUCATIONAL CAMPUS

UNIFORM INFORMATION FOR 2011-2012

K-4 UNIFORM POLICY

Discounted new uniforms will be available from our school store starting in August 2011. Email davida.sims@adelsoncampus.org for more information!

Dennis Uniform
4610 S. Arville, Unit E
(across from The Orleans)
Las Vegas, NV 89103
Hours: T-F 10am-5pm, Sat. 10a-2p
(702) 252-7341

Campus Club
2411 Tech Center
(between Buffalo & Tenaya, off Smoke Ranch)
Las Vegas, NV 89128
Hours: M-F 8:30-5pm, Sat. 9am-3pm
(702) 360-0555

Monday through Thursday Uniform – Boys and Girls

All logos must be the Adelson Campus tree. Used Hebrew Academy logos are no longer allowed.

Navy or Khaki Bottoms	Pants, Shorts, Skirts, Skorts
White or Navy Logo Shirts	Polo or Oxford – short or long sleeved
Shoes	Closed toed shoes – any color
White or Navy Socks, Tights, Leggings	No patterned or colorful socks or tights
White or Navy Sweater/Sweatshirt	Indoor wear only white or navy
Jacket or Coat	Outdoor wear can be any color – Mon.-Fri.

Friday – Shabbat – Dress Uniform - Girls

Navy or Plaid Skirt/Skort	Uniform Style Only
White Logo Blouse	Peter Pan or Sport Collar
White or Navy Socks, Tights, Leggings	No Patterns or Colors
Navy or Black Shoes	Closed Toed
White or Navy Sweater/Sweatshirt	Indoor wear only white or navy

Friday – Shabbat – Dress Uniform - Boys

Navy Pants (Oct. through April)	Uniform Style (Shorts in Sept., May, June)
White Logo Oxford Shirt	Short or Long Sleeved
White or Navy Socks	No Patterns or Colors
Navy or Black Shoes	Closed Toed
White or Navy Sweater/Sweatshirt	Indoor wear only white or navy

VOLUNTEER INTEREST FORM

Name: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Names and Grades of Children: _____

Please Mark Any of the Committees Below You Would Like to Volunteer For:

- Philanthropy Committee:** Coordinate school-wide donation efforts throughout the year, including – but not limited to – the collection of food items and holiday gifts for needy families in our community. Working with JFSA on various events throughout the school year.
- Mitzvah Committee:** Assist seventh graders with their mitzvah projects.
- Book Fair:** Work shifts at the fall Book Fair. Duties include helping students find books, acting as cashier, keeping shelves organized, and assisting with teacher wish-lists.
- Picture Day Committee:** Help bring students in for pictures, making sure they are “photo” ready and have bright smiles!
- Used Uniform Sales:** Responsible for coordinating the used uniform sales held at the beginning of the school year. Also responsible for maintaining the used uniforms and helping to staff the uniform store.
- Jr. Kindergarten/Kindergarten Lunchroom Assistant:** Volunteer to assist Jr. Kindergarten and Kindergarten students in the lunchroom. Co-chairs to help assist in coordinating and scheduling volunteers.
 - Co-Chair
 - Volunteers (Circle Day(s) of Interest) – Monday, Tuesday, Wednesday, Thursday, Friday
- Online Auction Committee:** Assist with online auctions throughout the school year.
- PTO Parties Committee:** Assist in planning and staffing PTO parties/social events throughout the school year.
- General Volunteer:** Help coordinate and/or volunteer hours for specific events and programs throughout the school year, as needed.

CLASSROOM PARENT INTEREST FORM

The Classroom Parent Role:

- Represents your child's class at PTO meetings
- Organize class parties/socials for students and/or parents
- Liaison between teacher and other parents for communicating information when needed
- Helps to chaperone/find chaperones for class field trips

This year, if more than 2 parents from any class volunteer, we will randomly select class parents from all who are interested. If you have more than one child, please rank in order which class you would prefer to represent. (If you have been a class parent representative in the past, please note that we are going to try to include parents who have not had a chance to take on this task.)

I would like to be my child's Classroom Parent

Name _____

Home Phone _____

Cell Phone _____

E-mail _____

Grade _____ Teacher _____

Grade _____ Teacher _____

Grade _____ Teacher _____

____ I have previously been a class parent.

____ I have not been a class parent.

2011-2012 In Pursuit of Excellence Gala

Honoring
ALAN DERSHOWITZ

November 13, 2011
5pm

The Venetian Resort-Hotel-Casino



Dinner, Dancing, Live & Silent
Auctions, Live Entertainment & More!

I am interested in volunteering for the following committee:

- | | |
|--|---|
| <input type="checkbox"/> Online Auction | <input type="checkbox"/> Live Auction |
| <input type="checkbox"/> Tribute Journal | <input type="checkbox"/> Event Planning |
| <input type="checkbox"/> Raffle | <input type="checkbox"/> Mailings |

I am interested in becoming a Committee Chair

- Yes No

THE ADELSON EDUCATIONAL CAMPUS EMERGENCY DATA AND MEDICAL HISTORY



Student's Name _____

Address _____

Date of Birth _____ Grade _____

Father/Guardian Name _____ Home Phone _____

Cell Phone _____ Email _____

Mother/Guardian Name _____ Home Phone _____

Cell Phone _____ Email _____

STUDENT'S MEDICAL HISTORY

Existing medical/psychological information (if any) or special procedures required for care of your child:

Daily Medications No Yes List _____

Any Allergies No Yes PLEASE SPECIFY ALLERGIES AND REACTIONS BELOW:

Food _____ Medications _____

Insects _____ Other _____

Student's Physician _____ Phone _____

Student's Dentist _____ Phone _____

EMERGENCY CONTACTS:

Emergency Contact Name Relationship to Student Phone Number

Emergency Contact Name Relationship to Student Phone Number

EMERGENCY POLICY:

1. The emergency contact name listed above is a person who has agreed to be designated by you to take full responsibility for your child in case of medical need when no parent can be reached by phone. It is most important to keep your emergency contacts current, available by phone and knowledgeable about the responsibility you have given them.
2. Authorization Form: We require that this form be placed on file in case of a serious accident in which the school is totally unable to reach either parents/guardians or emergency contacts. Because of liability problems, hospitals and doctors will refuse medical care for your child unless presented with authorization from the parents/guardians. As time can be essential in a medical emergency, this form assures your child of prompt medical attention. You may wish to provide your physician, dentist and your emergency contact with the same authorization form. We will do everything possible to reach parents in any case of illness or accident.
3. This authorization is effective from the date of signature until the end of the next school year.

Authorization for Pediatric Emergency Medical and/or Surgical Treatment

In case of emergency, I hereby consent to any dental, medical or surgical diagnosis and treatment, including hospitalization, to be rendered to the minor at a recognized medical facility. This authorization applies to all school-sponsored programs.

Signed _____ Relationship to Student _____ Date _____



AUTHORIZATION TO RELEASE RECORDS

I hereby authorize _____ to release the following information for
(Health Care Provider)

_____ to The Adelson Educational Campus:
(Student name & date of birth)

- Immunization Record.

Please fax to NURSE at 702-255-7232.

Thank you.

Print Name: _____

Signature: _____

Relationship to Student: _____

Date: _____



The Adelson Educational Campus
9700 West Hillpointe Road, Las Vegas, Nevada 89134

Tel: 702-255-4500 Fax: 702-255-7232

* Send completed form to the address above *

◆ THIS FORM MUST BE COMPLETED AND RETURNED BEFORE SCHOOL BEGINS ◆

Student's Name: _____ Date of birth: _____ Grade: _____

❖ PERMISSION FOR NURSE TO GIVE MEDICATION ❖

I authorize the school nurse to administer the following over-the-counter medications, as needed and as per package dosage and schedule recommendations, to the above-named upon the request of the student with permission of the student's parent or guardian:

- | | |
|--|--|
| <input type="checkbox"/> Acetaminophen (<i>Tylenol</i>) | <input type="checkbox"/> Antihistamine (<i>Benadryl</i>) |
| <input type="checkbox"/> Ibuprofen (<i>Advil / Motrin</i>) | <input type="checkbox"/> Allergy (<i>Zyrtec</i>) |
| <input type="checkbox"/> Robitussin (<i>Guaifenesin</i>) | <input type="checkbox"/> Other over the counter medication _____ |
| <input type="checkbox"/> Cough drops / Lozenges | <input type="checkbox"/> Prescription Medication _____ |
| <input type="checkbox"/> Antacid (<i>Tums, Maalox</i>) | <input type="checkbox"/> DO NOT give ANY medication |

❖ Physician / Healthcare Provider signature (required)

❖ Parent signature (required)

❖ CONSENT TO SHARE INFORMATION ❖

The School Nurse has permission to share information provided in this report with appropriate members of the educational team for use in meeting the health and educational needs of the student. This will be done only on a "need to know" basis, in a confidential manner. This would include permission for communication between the Physician / Healthcare Provider and the School Nurse to facilitate this process.

Parent / Guardian signature required

Consent given? Yes No

To be completed by the Physician / Healthcare Provider:

Allergies (please describe allergic reactions and give treatment plan):

Asthma (please give treatment plan):

Special and/or Prescription Medications: