



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.

FREE SPORTS PHYSICAL

Friday, August 12, 2011 – 3pm or Friday, August 26, 2011 – 3pm in the Nurse’s Office

BACK TO SCHOOL ORIENTATION

Friday, August 26, 2011 - 9:30-11:30am. If you do not already have it, Upper School class schedules can be picked up during the Orientation Friday, August 26th.

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
------	---------	------------	----------	--------------

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

Middle School – Grades 5 - 8

Uniform Information 2011-2012

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

Navy or Khaki Bottoms	Pants, Shorts, Skirts, Skorts
White or Navy Logo Shirts	Polo or Oxford – short or long sleeved
Undershirts	White or navy only – tucked in
Shoes	Closed toed shoes –white, black or navy
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
Undershirt	White or navy only – tucked in
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
Navy Sweater/Sweatshirt	Indoor wear only - navy

Important Information:

Hats will be allowed outdoors only. Kippot are acceptable at all times.

Girls: Skirts should be no more than 4” from the floor when kneeling.

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:



Sports Physical Consent Form

The Adelson Educational Campus is fortunate to have Las Vegas Bariatric Physicians on campus to perform FREE sports physical examinations for students in grades 5-12. In order for your child to have a physical exam performed at the school, parental consent is needed.

If you are interested in having your child receive a free on-campus sports physical, please call Nurse Liz at 515-8207 to confirm your child's participation. On the day of the event, please have your child present this signed consent form. Thank you.

I give permission to have my child interviewed and examined by the school nurse and LVBP staff.

Child's Name _____

Child's Grade _____

Consent for Physical Exam Scheduled on _____
Date of Free Sports Physical Exam Event

Parent/Guardian Signature _____

Date _____



Sports Physical Consent Form

The Adelson Educational Campus is fortunate to have Las Vegas Bariatric Physicians on campus to perform FREE sports physical examinations for students in grades 5-12. In order for your child to have a physical exam performed at the school, parental consent is needed.

If you are interested in having your child receive a free on-campus sports physical, please call Nurse Liz at 515-8207 to confirm your child's participation. On the day of the event, please have your child present this signed consent form. Thank you.

I give permission to have my child interviewed and examined by the school nurse and LVBP staff.

Child's Name _____

Child's Grade _____

Consent for Physical Exam Scheduled on _____
Date of Free Sports Physical Exam Event

Parent/Guardian Signature _____

Date _____



FORM B -- NIAA PRE-PARTICIPATION HISTORY FORM

HISTORY DATE OF EXAM: _____

NAME: _____ SEX: _____ AGE: _____ D.O.B.: _____

GRADE: _____ SCHOOL: _____ SPORT(S): _____

ADDRESS: _____ PHONE: _____

PERSONAL PHYSICIAN: _____

IN CASE OF EMERGENCY, CONTACT - NAME: _____

RELATIONSHIP: _____ PHONE (H): _____ (W): _____

**EXPLAIN "YES" ANSWERS BELOW.
CIRCLE QUESTIONS YOU DON'T KNOW THE ANSWERS TO.**

	<i>YES</i>	<i>NO</i>
1. Do you have a chronic medical condition (asthma, diabetes, high blood pressure, etc.)?	_____	_____
2. Have you ever been hospitalized overnight?	_____	_____
3. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler?	_____	_____
4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insect)?	_____	_____
5. a. Have you passed out or been dizzy during exercise?	_____	_____
b. Have you had chest pain (or pressure) with exercise?	_____	_____
c. Have you had excessive unexplained shortness of breath or fatigue with exercise?	_____	_____
d. Is there a family history of premature death or morbidity from cardiovascular disease in a relative younger than age 50?	_____	_____
e. Is there any history in your family of hypertrophic cardiomyopathy, dilated cardiomyopathy long QT syndrome or Marfan's syndrome?	_____	_____
f. Has a physician denied or restricted your participation in sports for any heart problem?	_____	_____
6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus or blisters)?	_____	_____
7. a. Have you had a head injury or concussion?	_____	_____
b. Have you been knocked out, become unconscious, or lost your memory?	_____	_____
c. Have you had a seizure?	_____	_____
d. Do you have frequent or severe headaches?	_____	_____
e. Have you had numbness or tingling in your arms, hands, legs, or feet?	_____	_____
8. Have you become ill from exercising in the heat?	_____	_____
9. Do you cough, wheeze, or have trouble breathing during or after activity?	_____	_____

Over >

- | | <i>YES</i> | <i>NO</i> |
|--|------------|-----------|
| 10. a. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)? | _____ | _____ |
| b. Are you missing an eye, kidney, testicle or ovary? | _____ | _____ |
| 11. a. Have you had any problems with your eyes or vision? | _____ | _____ |
| b. Do you wear glasses, contacts, or protective eyewear? | _____ | _____ |
| 12. a. Have you had any problems with pain or swelling in muscles, tendons, bones, or joints? | _____ | _____ |

b. If yes, check appropriate item and explain below.

- | | | |
|-----------------|-----------------|-----------------|
| _____ Head | _____ Elbow | _____ Hip |
| _____ Neck | _____ Forearm | _____ Thigh |
| _____ Back | _____ Wrist | _____ Knee |
| _____ Chest | _____ Hand | _____ Shin/Calf |
| _____ Shoulder | _____ Finger(s) | _____ Ankle |
| _____ Upper Arm | _____ Foot | _____ Toe(s) |

- | | | |
|--|-------|-------|
| 13. Are you actively trying to gain or lose weight? | _____ | _____ |
| 14. Would you like to talk to someone about stress, anger, depression or other issues? | _____ | _____ |

15. Record the dates of your most recent immunizations (shots) for:

Tetanus _____	Measles _____
Hepatitis B _____	Chickenpox _____

FEMALES ONLY

16. When was your first menstrual period? _____
- When was your most recent menstrual period? _____
- How much time do you usually have from the start of one period to the start of another? _____
- How many periods have you had in the last year? _____
- What was the longest time between periods in the last year? _____

EXPLAIN "YES" ANSWERS HERE: _____

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

_____	_____	_____
Signature of Athlete	Signature of Parent/Guardian	Date



**FORM D -- Health Practitioner, please refer to the letter & references provided on Form C.
NIAA PRE-PARTICIPATION PHYSICAL EVALUATION
(Physical to be completed during an athletes first and third year of participation)**

PHYSICAL EXAMINATION DATE OF EXAMINATION: _____

NAME: _____ DATE OF BIRTH: _____

HEIGHT: _____ WEIGHT: _____ % BODY FAT (optional): _____ PULSE: _____ BP: ____/____ (____/____, ____/____)

VISION: R 20/ _____ L 20/ _____ CORRECTED: Y / N PUPILS: Equal _____ Unequal _____

<u>MEDICAL</u>	NORMAL /ABSENT	ABNORMAL FINDINGS	EXPLAIN	INITIALS
Appearance				
Eyes/Ears/Nose/Throat				
Lymph Nodes				
Lungs				
Abdomen				
Genitalia (Males Only)				
Skin				
<u>CARDIOVASCULAR</u>				
Murmur that Increases From Supine to Standing				
Systolic Murmur Greater Than II/VI				
Any Diastolic Murmur				
Radial & Femoral Pulses				
<u>MUSCULOSKELETAL</u>				
Neck				
Back				
Shoulder / Arm				
Elbow / Forearm				
Wrist / Hand				
Hip / Thigh				
Knee				
Leg / Ankle				
Foot				
Stigmata of Marfan's Syndrome				

CLEARANCE

CLEARED: _____
Cleared after completing evaluation/rehabilitation for: _____

NOT CLEARED FOR: _____ **REASON:** _____

Recommendations: _____

Name of physician (print/type): _____ **Phone:** _____

Address: _____

Street
City
State
Zip Code

Signature of Health Practitioner
 Approved: February 2000

Date