

Nachas Program

B"H

Staten Island Hebrew Academy
3495 Richmond Road
Staten Island, NY 10306
(718) 987-9700
www.sihebrewacademy.org



2024-2025
NACHAS



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SIHA Mission Statement

Staten Island Hebrew Academy is revolutionizing the education of children from unaffiliated Jewish families by offering a superior academic education while bringing the children back to their Jewish roots with a deep love and appreciation of their Jewish heritage. Combining a rigorous curriculum with a rich Judaic studies program, Staten Island Hebrew Academy aims to have a lasting impact on unaffiliated families, including those from the Russian-Jewish community, by developing students of high moral character who not only are able to compete with the best and brightest in the 21st Century, but also know what it means to be Jewish, are proud of their Jewish heritage and can carry the torch of Judaism to their families and beyond. Staten Island Hebrew Academy is a successful model for making a reality the increased participation by modern Jews in Jewish life and education.

We expect all our teachers and students to do their best in ensuring SIHA's excellence. All necessary technologically advanced and modern day researched methods of education will be used and implemented. We include extracurricular activities and trips to museums to support the optimal growth of our children. Since this is a school for the gifted and talented each child is expected to take a standardized and intelligence quota test. Our advanced curriculum, off campus trips (with parental approval), and our competitive extracurricular programs ensure our students receive the right opportunities for a successful life.

It is a premise to our Judaic belief that all people are different. We celebrate the idea of the infinite by recognizing the vast difference in all of humanity. It is the mission of SIHA to find emerging talent within all our students and nurture it to fruition. SIHA promotes and implements a "whole child" school environment. We offer differentiated instruction to develop potential skills and strengthen the areas that will require further improvement. Teachers, parents, and administrators work together as a team in molding individualized goals for each child. Each classroom and subject is taught with a multi-sensory approach.

SIHA is determined for only one result- SUCCESS! The success of your child is our singular goal, unlike our "public" counterpart whose main concern is government regulations. Your child will be our most precious gift not a number or statistic. Our cornerstone is team effort and with the help of G-D we can raise children who will be the future leaders of our community and world at large.



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2024-2025 School Contract

Dear New Parents,

Welcome to the Staten Island Hebrew Academy. We are pleased to enclose the registration materials for the 2024-2025 school year. **Registration materials must be returned by April 18th, 2024.** We encourage you to submit your completed forms and required checks as soon as possible to ensure your child(ren)'s placement and to avoid incurring late charges.

While you are reviewing the registration materials, we direct your attention to the following:

1. The Initial Payment in the amount of **\$1,000.00** must be included with the registration contract as this payment includes the registration fee, administrative costs and holds a place for your Child in the class as we have limited space per grade. The \$1,000.00 payment is **NOT REFUNDABLE** upon your child's Acceptance to the school but this amount shall be reduced from the overall annual tuition of \$90,000. However, if your child is NOT accepted, your Initial Payment is 100% refundable.
2. Tuition rates include the registration fee and certain other fees and charges as listed below. **Registration after April 18th 2024 is subject to an additional \$100 registration fee per child in all grades.**
3. **A retainer must be signed with your child's advocate's office, and a copy must be submitted to us prior to the first day of school.**
4. Child(ren) will not be considered registered for the 2024-2025 school year unless the Initial Payment and the late registration fee (if applicable) is paid, and all required forms and checks for tuition and transportation are in by June 1st, 2024.
5. There is a tuition discount if you have more than one child registered in Kindergarten through Seventh grade. A schedule is attached which explains the multiple child discount.
6. For Kindergarten, children must be five years old by December 31, 2024.
7. Child(ren) **will not be allowed to start school without the immunization form.** The form can be downloaded from this website directly www.nyc.gov/html/doh/downloads/pdf/hcp/hcp-ch205.pdf

Thank you for selecting the Staten Island Hebrew Academy. If you have any questions, please contact the school office at 718-987-9700 x 102. We look forward to serving your children's educational needs.

Sincerely yours,

***Dr. Chana Uzhansky, Educational Supervisor
Ilanit Dinar, Chief Operating Officer***

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TUITION and FEES

KINDERGARTEN - 8 **\$ 90,000 (Annual Amount per Child)**
(Includes after school)

- * All Fees are **Non-Refundable**, included in the fees are the following:
Registration fee, administrative costs, books & supplies and holding a Child's place in the class
(Trips and hot lunches are not included)

The following are Additional Annual Fees

PTA DUES
\$125.00 1st child
\$80 each
additional child

On or before the first day of school in September 2024, payable to **SIHA PTA**, must be remitted and paid. The PTA dues include the following:

- Mandatory lice check throughout the year
- Contribution towards certain events and/or parties throughout the year
- Growing SIHA library
- Various classroom purchases, such as rug for kindergarten, shelves, storage bins, etc.

BUILDING FUND
\$1,000.00 Per Family

Each family with a child in K Grade or above will be obligated to pay towards the school's building
this payment is due on July 1, 2024

TRANSPORTATION

Free Transportation is provided by ***Pioneer Bus Company***
Door-to-door transportation can be arranged privately *for an additional fee* and at the parents' sole cost and expense

SECURITY FEE
\$50 per student,
per month

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SCHOOL CONTRACT – 2024-2025 SCHOOL YEAR **[PLEASE READ THIS ENTIRE CONTRACT CAREFULLY]**

Parent’s Name

Last

Father

Mother

Address _____ Zip _____ Phone _____

Child’s Name & Gender (M/F)

Birth date

Grade as of September 2024

A. TUITION: Method of Payment -All checks (other than the Initial Payment) must be received by the school office by **August 1st 2024**.

We the Parent(s) hereby understand and agree that all fees are **Non-Refundable** and we shall pay to SIHA the following charges according to the method checked (please check all that apply):

INITIAL PAYMENT

\$1,000.00 Initial Payment per child is due by April 18th, 2024 (This fee includes the registration fee, administrative costs and holds your Child’s place in the class).

ANNUAL TUITION

1. Ten (10) recurring credit card payments from the designated credit card, to be charged the amount of \$8,900.00 per month, per child, commencing August 1, 2024, and on the **FIRST** day of each month thereafter to and including May 1, 2025, or
2. Ten (10) tuition checks payable on the **FIRST** day of each month beginning August 1, 2024 (this check must be received by SIHA no later than August 15, 2024) through May 1, 2025, in the amount of \$8,900.00 per month per child.

BUILDING AND SECURITY

1. \$1000.00 per family for the Building fund due by July 1, 2024, in full or
2. Ten (10) recurring credit card payments from the designated credit card, to be charged the amount of \$100.00 per month per family, commencing August 1, 2024, and on the **FIRST** day of each month thereafter to and including May 1, 2025, (3% fee for this option) or
3. Ten (10) Building fund checks payable on the **FIRST** day of each month beginning August 1, 2024 (this check must be received by SIHA no later than August 15, 2024) through May 1, 2025, in the amount of \$100.00 per month per family.

SECURITY FEE: \$50 per child per month

*****IN THE EVENT OF ANY BOUNCED OR RETURNED CHECKS AND/OR CREDIT CARD CHARGE, AN ADDITIONAL FEE IN THE AMOUNT OF \$35.00 SHALL BE CHARGED, PER OCCURRENCE.**

B. FEES:

1. Additional fees may be assessed during the school year for various events, programs or items, including special classes (including resource room and enrichment); occasional trips during school hours, in which case parents will be notified in advance, and educational materials which remain the property of the child (e.g. notebooks, workbooks, newspapers and supplementary textbooks).
2. PTA dues - on or before the first day of school in September 2024
3. Security fee of \$50 per child per month

C. AGREEMENT AND UNDERSTANDING OF IMPORTANT ADDITIONAL TERMS:

1. The school reserves the right to require parents to pay all or a portion of their tuition and/or fees in advance of the commencement of the school year.
2. The undersigned hereby enroll the child(ren) named above in the Staten Island Hebrew Academy for the 2024-2025 school year and agree (i) to pay all applicable tuition, fees, and all other charges for the entire 2024-2025 school year regardless of absences, dismissal or withdrawal from the school before the end of the school year, and (ii) that the child(ren) named above may not attend classes or school functions unless (1) all such tuition, fees and other charges are paid in full when due and (2) parent(s) and/or child(ren) are in compliance with the Staten Island Hebrew Academy’s rules and requirements. In no event will grades, report cards, transcripts or other school records be released until all tuition, fees and other charges have been paid in full.
3. Staten Island Hebrew Academy reserves the right to photograph or videotape students, parents, faculty and attendees at school events and use or reproduce these photographs and/or video for display, recordkeeping and promotional purposes electronically or otherwise, including, without limitation, posting or uploading to the school’s internet website.

YOUR INITIAL PAYMENT OF TUITION AND FEES IS CONSIDERED YOUR ACCEPTANCE AND AGREEMENT OF THIS CONTRACT.

Signature of Parent for the Acceptance and Agreement of the Terms herein

Date:

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TRIP PERMISSION FORM

2024-2025 School Year

Over the course of the school year, classes will be participating in various educational class trips. While you will be notified of the plans for each individual trip, it is the school's custom to have a yearly general permission slip on file for your child. (Note: You may not be contacted prior to a class going on a neighborhood walking trip.)

Please indicate your permission in the appropriate space below for trips occurring in the 2024-2025 school year.

In addition, we request that parents sign below indicating their knowledge of the regulation that no child is to change their bus assignment (even for one trip).

Thank you for your cooperation.

1. I hereby give my child _____ in grade _____ my permission to participate in all class trips during the 2024-2025 school year. I reserve the right to withdraw this permission only by notifying the school in writing in advance of a trip.
2. I hereby recognize the regulation that my child is not to change his/her bus assignment. I will make the appropriate arrangement for my child should alternate transportation become necessary.

Date:

Parent(s) Signature

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Record Release Form - FORM B

As a Parent(s)/Guardian(s) of

Name of applicant: _____

I hereby authorize the release of any and all records, regarding of the above-mentioned student to Staten Island Hebrew Academy.

Current School Name _____

School Address _____

Street City State Zip _____

School Phone Number _____ School Website _____

Records to be included for applicants for grades Kindergarten through 8th Grade are:

Academic Records Standardized Testing Examination Scores, etc.

Attendance Records

Health Records

Evaluations and/or IEPs (if applicable)

Please send all records for the above-named student to:

**Staten Island Hebrew Academy
3495 Richmond Road
Staten Island, NY 10306**

**info@statenishlandhebrewacademy.org
Tel: 718.987.9700 ext. 102**

Please send records promptly to help us expedite the admissions process.

Thank you.

Signature of Parent(s) or Guardian: _____

Date: _____

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Emergency Contact Form

Last Name: _____ First: _____ M.I. _____ Date: _____
Male/Female _____ Date of Birth: _____ Place of Birth: _____
Street Address: _____ Apartment/Unit # _____
City: _____ State: _____ ZIP: _____

Father's Information/Male Guardian

Full Name of Father/Male Guardian: _____
Residence Address: _____ Name of Employment: _____
Address of Employment _____ Work Phone: _____
Telephone: _____ **Email:** _____
Best number to be reached at: _____

Mother's Information/Female Guardian:

Full Name of Mother/Female Guardian: _____
Residence Address: _____ Name of Employment: _____
Address of Employment _____ Work Phone: _____
Telephone: _____ **Email:** _____
Best number to be reached at: _____

If school cannot get in touch with either of the above, name a friend or relative who may be called upon if the child is sick in school:

Name	Address	Phone

If none of the above can be reached by phone, WHAT DO YOU WISH THE SCHOOL TO DO in case the child is sick or injured? (It is understood that in the final disposition of an emergency case, the judgment of the school authorities will prevail. The recommendation of the parent as indicated above will be respected as far as possible.)

If at any time the above information must be changed, I will notify the Principal in writing.

Signature of Parent or Guardian: _____ **Date:** _____

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PHOTO AND VIDEO RELEASE

2024-2025 School Year

For good and valuable consideration the receipt of which is hereby acknowledged, the undersigned hereby gives and grants to the Staten Island Hebrew Academy (the "School"), its licensees, agents, successors, assigns, officers, directors, trustees and employees (collectively, the "Grantees"), the right and license to use, publish and copyright my and/or my minor child's voice, picture, likeness, or photograph(s), including negatives and finished product, either alone or accompanied by other material, in any manner and in any media for the purpose of advertising, promoting and publicizing the School. It is understood that materials may appear on the Internet.

I hereby agree that the School is not required to make use of any of the rights granted herein. I further waive all my rights to inspect and approve any finished materials and agree that the School shall be without liability to me and/or my minor child for any distortion or illusionary effect resulting from the publication of my and/or my minor child's voice, picture, likeness or photograph(s). I also waive the right to receive any payment for signing this release and waive the right to receive any payment for the School's use of any of the material described herein.

I represent and warrant that I am over 18 years of age and have the right to make this agreement. If signing on behalf of a minor, I represent and warrant that I am the parent/guardian of the minor named below and have the right to execute this Release on his/her behalf. I represent that I have read the foregoing and fully understand its contents.

Signature: _____

Print Name: _____

Address: _____

If Release is on behalf of a Minor:

Minor Name: _____

Signature of Parent/Guardian: _____

Print Name of Parent/Guardian: _____

Date: _____