



2024 – 2025 Registration

2024-2025 School Contract

Dear Parents,

We are pleased to enclose the registration materials for the 2024/2025 school year. **Registration materials must be returned by May 5th, 2024.** We encourage you to submit your completed forms and required checks as soon as possible to ensure your child(ren)’s placement.

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. 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** and is deducted from your overall annual tuition. (New students only) After submitting your deposit, your child will be interviewed and assessed. Your deposit is only 100% refundable if your child is not accepted to SIHA.
2. Tuition rates include the registration fee and certain other fees and charges as listed below.
3. Child(ren) will only be considered registered for the 2024/2025 school year if the Registration deposit, and any unpaid fees have been submitted. All required forms and checks for tuition and transportation are in by May 16th, 2024. The Building Fund must be paid in full by July 1st, 2024.
4. There is a tuition discount if you have more than one child registered in grades K-8.
5. Child(ren) **will not be allowed to start classes without the immunization forms submitted.** The form can be downloaded from this website directly www.nyc.gov/html/doh/downloads/pdf/hcp/hcp-ch205.pdf. Please use the time given to have these forms completed as there will be no exceptions made to this policy. Department of Health requires these forms for admission to school and SIHA needs to be in full compliance with this policy. **Child (ren) without the forms will be sent home.**

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 partnering with you in this most important endeavor.

Sincerely yours,

*Dr. Chana Uzhansky
Head of School*

On the contract, please list all students who will be attending Staten Island Hebrew Academy for the 2024-2025 school year.

TUITION and FEES

K – Gr. 5	\$ 12,000 (Annual Amount per Child) 7:00 am – 4:30 pm	
	(Optional) \$2,500 – After School	4:30 pm – 6:00 pm
Gr. 6 - 8	\$ 13,000 (Annual Amount per Child) 7:00 am – 4:30 pm	
	(Optional) \$2,500 – After School	4:30 pm – 6:00 pm

* 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

MULTIPLE CHILD TUITION DISCOUNT**

There will be a \$500 per additional child discount.

The following are Additional Annual Fees

PTA DUES

\$125.00 1st child and \$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 per family

Each family with a child in K Grade or above will be obligated to pay this amount towards the maintenance, upkeep, and supplies for the school

The amount of \$1,000 is not included in the yearly tuition

AND the payment is due July 1st, 2024

8th GRADE STUDENTS ONLY

\$350 mandatory graduation dues, due first day of school

\$200 mandatory yearbook ads (can be purchased or sold to family and friends) due December 15th, 2024.

TRANSPORTATION

Transportation is provided at the end of regular sessions (4:00 pm), with no cost to parents by the DOE. SIHA reserves the right to remove any student from *Pioneer* transportation due to inappropriate conduct.

SECURITY FEE

\$50 per child per month



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www.sihebrewacademy.org

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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 HS 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 May 5th, 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 \$1,100 per month per child, commencing August 1st, 2024 and on the FIRST day of each month thereafter to and including May 1st, 2025, (Please add 3% bank fee for this option) or
2. Ten (10) tuition checks payable on the FIRST day of each month beginning August 1st, 2024, through May 1st, 2025, in the amount of 1,890 per month, per child, commencing August 1st, 2024 and on the FIRST day of each month thereafter to and including (Checks must be received by SIHA no later than the 5th of the month to avoid a \$40 late fee)

BUILDING FUND

\$1,000 per family for the Building fee due by July 1st, 2024 in full.

SECURITY FEE

\$50 per month per child must be paid on every first on the 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.

FEES: 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).

B. 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.
4. 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 here in: Date:

Ensuring the Future of the Jewish People One Child at a Time



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

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Emergency Contact Form

Last Name: _____ First: _____ M.I. _____
 Date: _____ Date of Birth: _____

Male/Female _____ Place of Birth: _____
 Street Address: _____ Apt/Unit # _____
 City: _____ State: _____ ZIP: _____

Father’s Information/Male Guardian

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

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: _____

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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.

Parent(s) Signature: _____

Date: _____



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Record Release Form

As a Parent(s) / Guardian of: _____

Name of applicant: _____

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

Current School Name: _____

School Address: _____

City/State/Zip: _____

School Phone Number: _____

School Website/Email: _____

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

- Report Cards
- 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
siha@sihebrewacademy.org
Tel: 718-987-9700 x102

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

Thank you.

Signature of Parent(s) or Guardian: _____ Date: _____