



at North Shore Hebrew Academy

Office Use Only			
Application	IEP	PSY	Letter

Application for New Student 2017-2018

Date: _____

All Information included will remain strictly confidential

Applicant Information

Full Name: _____ Age: _____ Birth Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Current School: _____ Anticipated Grade: _____

Current Jewish School: _____ Hours per week: _____

Name of Synagogue: _____ Rabbi: _____ Contact Number: _____

<u>Parent</u>	<u>Parent</u>
Name: _____	Name: _____
Cell Phone #: _____	Cell Phone #: _____
Email: _____	Email: _____
Profession: _____	Profession: _____
Business Name: _____	Business Name: _____
Business Number: _____	Business Number: _____

Please list all other adults and/or children living in the home:

<u>Name:</u>	<u>Age:</u>	<u>Grade:</u>	<u>School/Employment:</u>	<u>Contact #:</u>

Please share at least 3 of your child's strengths:

1. _____
2. _____
3. _____
4. _____
5. _____

Name of Applicant: _____

Academic History

Please list all schools that your child has attended:

<u>School:</u>	<u>Dates:</u>	<u>Grade (s):</u>	<u>Reason for Change of Placement:</u>	<u>Contact Name and #:</u>

Please describe your child's ability in the following areas:

<u>Current Functioning:</u> (Low/Average/High)	<u>Comments:</u>
Reading	
Writing	
Mathematics	
Classroom Skills	
Communication Skills	
Social Skills	
Hebrew Reading	
Hebrew Speaking	
Tefilah	
Chumash	
Jewish Holidays	

What are your primary concerns regarding your child's academic difficulties? _____

Have teachers expressed concern regarding your child's academic ability? _____

Has your child been professionally evaluated in any of the following areas?

<u>Areas</u>	<u>Dates:</u>	<u>School or Agency</u>	<u>Contact Name and #:</u>
Psychological			
Educational			
Speech/Language			
Occupational Therapy			
Physical Therapy			
Other:			

Is your child receiving services in any of the following areas?

<u>Areas</u>	<u>Dates:</u>	<u>School or Agency</u>	<u>Contact Name and #:</u>
Homework/Tutoring			
Reading			
Writing			
Speech/Language			
Judaic Studies			
Psychological			
Other:			
Other:			

Name of Applicant: _____

Medical

Please provide a copy of your child's most recent physical examination and immunization history.

Name of Pediatrician: _____ Date of Last Physical: _____

Address: _____

Phone: _____ Email _____

Does your child have any significant medical conditions? _____

Does your child have any allergies? _____

What medications does your child take regularly?	For what purpose?

Has your child ever been hospitalized? _____ When? _____ Why? _____

Behavioral

Please indicate if your child has **difficulty** with any of the following behaviors:

N = Never; S = Sometimes; O = Often; A = Almost Always

	At Home	At School	Comments:
Inattention			
Hyperactivity			
Following Rules			
Following Directions			
Anxiety			
Complaints of illness			
Attendance	N/A		
Sad or Unhappy			
Shy or Withdrawn			
Loneliness			
Social skills			
Empathy			
Cooperation			
Bullying			
Being assertive			
Aggression			
Controlling anger			
Learning problems			
Sensory			
Inappropriate behavior			
Risky behavior			
Behavior Management			

Name of Applicant: _____

Final Questions

What are your child's interests and hobbies? _____

Is there anything else that we should know about your child? _____

What are your goals for your child in Meorot? _____

How did you hear about Meorot? _____

Signature

I certify that my answers are true and complete to the best of my knowledge.

Print Name: _____

Signature: _____ Date: _____

Additional Comments

Please use the space below to provide any additional information that would be helpful for us to know about your child.
