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Attach photo
here

APPLICATION FOR ADMISSION

1. Applicant's Name: _____ Hebrew Name: _____
D.O.B.: _____ Age: _____ NYC ID#: _____ - _____ - _____ SS#: _____ - _____ - _____
Address: _____ Zip: _____
Home Telephone: () _____

2. Father's Name: _____ Birthplace: _____ Cell Phone: () _____
Business: _____ Address: _____ Phone: () _____
Synagogue Affiliation: _____ E-mail Address: _____

Mother's Name: _____ Birthplace: _____ Cell Phone: () _____
Business: _____ Address: _____ Phone: () _____
Maiden Name: _____ E-mail Address: _____

Parent's Marital Status: ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Paternal Grandparents: Name: _____ Phone: () _____
Address: _____ Synagogue Affiliation: _____

Maternal Grandparents: Name: _____ Phone: () _____
Address: _____ Synagogue Affiliation: _____

3. Languages spoken at home: _____ Parents' preferred language: _____
If applicant is foreign born, birthplace: _____ Date of arrival in USA: _____

4. Family History (siblings of applicant)
Name: _____ Age: _____ Schools Attended: _____

Do any of the applicant's siblings have learning difficulties? If yes, please elaborate:

Applicant's numerical position in the family _____

Any other people living in the household? _____

5. Education [Previous Schools]

Name of School:

Location:

Years Attended:

Has applicant ever been dismissed from a school? _____

If yes, please state reason: _____

6. School presently attending:_____

Date of Admission: _____ Grade Completed: _____ Hebrew: _____ English: _____

Regular Class: _____ Resource Room: _____ Special Class: _____

English Teacher: _____ Telephone: () _____

Hebrew Teacher/Rabbi: _____ Telephone: () _____

7. Previous Evaluations and Therapy [Please list all educational and medical evaluations completed.]

Evaluations:

Dates:

Date of last evaluation by Department of Education, CSE: _____

Date of most recent IEP: _____

Classification (e.g. Learning Disabled, Speech Impaired, etc.) _____:

Program recommended: _____

Has the applicant received any therapy? (e.g. ST, PT, OT, Counseling)?

Types of Therapy:

Name of Provider:

Is family involved with any social service agency? (e.g. Tafkid, SBH, Search, Ohel)? _____

If yes, please provide name and telephone number of worker: _____

8. Does your child take any medication?

If yes, Name: _____ Frequency: _____ Dosage: _____

Name of Prescribing Doctor: _____ Phone: () _____

Has the child experienced any serious illness or had surgery? _____

If yes, give dates and nature of illness: _____

9. Behavior [Please describe your child's past behavior in school.]

Please indicate your child's general behavior at home:

	<i>Not at All</i>	<i>Just a Little</i>	<i>Pretty Much</i>	<i>Very Much</i>
Generally listens the first time				
Fights with siblings				
Gets easily frustrated				
Has difficulty organizing self				
Is restless/fidgets				
Is sensitive				
Is excitable/impulsive				
Moods change quickly or drastically				
Responds to praise/reward				
Demands a lot of attention				
Plays appropriately with peers				
Has difficulty changing from one activity to another				

Does your child have a short attention span? _____

If yes, please describe: _____

How much time do you spend doing homework with your child on a daily basis?

Does your child have a tutor? ☐ Yes ☐ No If yes, for what subjects and how often?

What is your child's feelings towards school?

Are your child's social interactions typical of a child his age? Please elaborate:_____

How does your child feel about himself/herself? Is there an awareness of strengths and weaknesses?

What is your child's most endearing quality?

What do you find most difficult about dealing with your child?

What does your child value most?

How do you feel Gesher Yehuda can help your child?

If you have any other information that you feel might be helpful for us to know, please elaborate, (e.g. a home situation, an illness in the family, any behavioral issue, or any other matter.)

I hereby affirm that all the information I have given is true to the best of my knowledge and is an accurate description of my child's history and abilities.

Signature of Parent

Signature of Parent

FOR OFFICE USE ONLY

Date application received

Date screening completed