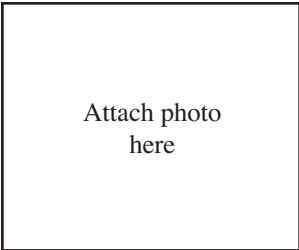


49 Avenue T
Brooklyn, NY 11223
Tel: 718-714-7400
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APPLICATION FOR ADMISSION

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]

| <u>Name of School:</u> | <u>Location:</u> | <u>Years Attended:</u> |
|------------------------|------------------|------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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.]

| <u>Evaluations:</u> | <u>Dates:</u> |
|---------------------|---------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

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)?

| <u>Types of Therapy:</u> | <u>Name of Provider:</u> |
|--------------------------|--------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

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