



at North Shore Hebrew Academy

Office Use Only		
Application	IEP	PSY

### Application for New Student 2019-2020

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*

Current School: \_\_\_\_\_ Anticipated Grade: \_\_\_\_\_

Current Jewish School: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Name of Synagogue: \_\_\_\_\_ Rabbi: \_\_\_\_\_ Contact Number: \_\_\_\_\_

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

Please list all siblings living in the home:

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

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>

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

	<u>Current Functioning:</u>	<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? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Medical

Does your child have any significant medical conditions? \_\_\_\_\_  
\_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_  
\_\_\_\_\_

<u>What medications does your child take regularly?</u>	<u>For what purpose?</u>

