



257 Prospect Street
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LanderGrinspoon.org
413.584.6622
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APPLICATION FOR ADMISSION

Please fill out both sides of this form and review the enclosed checklist of materials and deadlines to ensure a complete application.

Child's Full Name _____

Child's Hebrew Name _____

Child's Home Address _____

City _____ State _____ Zip _____

Date of Birth ____ / ____ / ____ Place of Birth _____

Gender _____ Current age _____ Present grade _____ Grade entering next fall _____

Name & Location of Current School _____

Child's Home Address _____

City _____ State _____ Zip _____

Parent/Guardian Name _____ Parent/Guardian Name _____

Relationship to student _____ Relationship to student _____

Place of Birth _____ Place of Birth _____

Home address _____ Home address _____

Home phone _____ Home phone _____

Cell phone _____ Cell phone _____

Email _____ Email _____

Occupation _____ Occupation _____

Employer _____ Employer _____

Work phone _____ Work phone _____

Religion _____ Religion _____

Names and ages of child's siblings _____

Congregation affiliation _____ We are not currently affiliated

Other Jewish community affiliations, activities, groups _____

How did you learn about Lander~Grinspoon Academy? _____

APPLICATION FEE

A \$45 non-refundable fee (check made payable to Lander-Grinspoon Academy) is required to initiate the application process.

I authorize Lander~Grinspoon Academy to discuss my child with the appropriate teacher at his/her current school or daycare. All information in this application will remain confidential.

Parent Signature _____ Date _____

Lander-Grinspoon Academy accepts Jewish students of any race, color, national or ethnic origin.

Application for Admission (cont'd)

What are the reasons you feel that Lander-Grinspoon Academy would be a desirable environment for your child and your family?

Please describe your child's unique qualities, current interests, and activities. _____

Please tell us about activities your child dislikes, avoids or is bored by. _____

Are there any special issues of which the school should be aware (academic, medical, physical, emotional, family life)?

Is your child receiving or has your child ever received any special services? Has your child ever had any formal assessments?

Briefly describe your family's Jewish life (i.e. home observances, synagogue affiliation, connection to Israel, etc.).

Are there any particular questions that come to mind when considering a Lander-Grinspoon Academy education for your child and/or your family? _____

Lander-Grinspoon Academy values the participation of families in many aspects of school life. In what areas might you enjoy being involved? _____

Briefly include any other information about your child that is important for us to know at this time.
