

**APPLICATION FOR ADMISSION FOR THE 2024– 2025 SCHOOL YEAR**

**Please complete 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 (if they have already been given one) \_\_\_\_\_

Child's Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place of Birth (city, state) \_\_\_\_\_

Gender Identity \_\_\_\_\_ Current age \_\_\_\_\_ Current grade \_\_\_\_\_

Name &amp; Address of Current School \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Home Address \_\_\_\_\_

Home Address \_\_\_\_\_

(if different than above)

(if different than above)

City, State, Zip \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Work phone \_\_\_\_\_

Work phone \_\_\_\_\_

Religion \_\_\_\_\_

Religion \_\_\_\_\_

Names and ages of child's siblings \_\_\_\_\_

Are you a member of a congregation? \_\_\_ No \_\_\_ Yes; Name and Location: \_\_\_\_\_

List community affiliations, activities, groups you/your family is involved with \_\_\_\_\_

How did you learn about Lander~Grinspoon Academy? \_\_\_\_\_

**APPLICATION FEE**

A \$65 non-refundable fee (*check made payable to Lander-Grinspoon Academy*) is required to initiate the application process. Please submit payment with this completed application. Check # \_\_\_\_\_.

I plan on applying for financial aid \_\_\_ No \_\_\_ Yes

**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 \_\_\_\_\_

**Application for Admission** (cont'd)

What are the reasons you feel that Lander-Grinspoon Academy would be a good fit 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 circumstances of which the school should be aware (academic, medical, physical, emotional, family life)?

---

---

---

Is your child currently receiving or has your child ever received any special services? (if yes, briefly describe)  
Has your child ever had any formal assessments? (if yes, briefly describe)

---

---

---

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 an LGA education for your child and/or your family?

---

---

---

Please describe your child's approach to learning.

---

---

---

---

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

---

---

---

Does your child receive PJ Library Books? \_\_\_ Yes \_\_\_ No \_\_\_\_\_ I am interested in receiving PJ Library Books.