



APPLICATION FOR ADMISSIONS

SUBMISSION DATE _____

For (check one): ___ Jan 2017 ___ 2017/18 School Year

APPLICANT INFORMATION

Name of Child Last _____ First _____ MI _____

Child's Date of Birth Month _____ Day _____ Year _____

Home Address: No./Street _____ Apt No. _____

City/Town _____ Zip _____

Child's Current School _____ Grade ___ Attended Since (Date) ___/___/___

PARENT INFORMATION

Name of Parent/Guardian Last _____ First _____ MI _____

Home Address: (If different from child's address)

No./Street _____ Apt No. _____

City/Town _____ Zip _____

Phone _____ Cell _____ e-Mail _____ @ _____

Occupation _____

Name of Parent/Guardian Last _____ First _____ MI _____

Home Address: (If different from child's address)

No./Street _____ Apt No. _____

City/Town _____ Zip _____

Phone _____ Cell _____ e-Mail _____ @ _____

Occupation _____

Marital Status _____

Are you in agreement about your child's educational needs for the coming school year? _____

Custodial Arrangements (Including educational placement decisions) Please describe and provide a copy of divorce, or complete custodial agreement.)

Have you retained the services of an attorney or legal advocate, and if so, whom? _____

SIBLINGS (Please specify if living with you/your child)

Age ___ School _____ Grade _____ Living (with) _____

Age ___ School _____ Grade _____ Living (with) _____

Age ___ School _____ Grade _____ Living (with) _____



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SCHOOL INFORMATION

Knowledge of your child’s prior educational experiences is part of The Lang School Admissions process and will be acquired by contacting your child’s former school(s). Please provide us with contacts who know your child well this school year and two school years prior. If you are applying for grades 2 and up, please include two teachers and one administrator for your child’s grade. Complete, sign and forward copies of the attached Request for Release of Information form (last page of application) to each school, granting them permission to speak with us.

Name of School _____ Dates Attended (Month/Year) from _____ to _____

Teacher Name _____ Phone _____ email _____@_____

Teacher Name _____ Phone _____ email _____@_____

Administrator Name _____ Phone _____ email _____@_____

Name of School _____ Dates Attended (Month/Year) from _____ to _____

Teacher Name _____ Phone _____ e-Mail _____@_____

Teacher Name _____ Phone _____ e-Mail _____@_____

Administrator Name _____ Phone _____ e-Mail _____@_____

Name of School _____ Dates Attended (Month/Year) from _____ to _____

Teacher Name _____ Phone _____ e-Mail _____@_____

Teacher Name _____ Phone _____ e-Mail _____@_____

Administrator Name _____ Phone _____ e-Mail _____@_____

What other schools are you considering for the current/coming school year?

Name of Schools(s) 1. _____

2. _____

3. _____

4. _____



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OUTSIDE PROVIDERS

Please list all professionals (speech therapists, occupational therapists, psychologists, psychotherapists, psychiatrists) who can provide us with information about your child. Please submit all independent evaluations along with the application.

Applicants receiving occupational therapy and seeking placement in grades K-5 need to submit an up to date evaluation with application materials.

Name _____

Specialization _____ Phone _____ Email _____

Name _____

Specialization _____ Phone _____ Email _____

Name _____

Specialization _____ Phone _____ Email _____

Name _____

Specialization _____ Phone _____ Email _____

Name _____

Specialization _____ Phone _____ Email _____

Name _____

Specialization _____ Phone _____ Email _____

Name _____

Specialization _____ Phone _____ Email _____

Name _____

Specialization _____ Phone _____ Email _____

Name _____

Specialization _____ Phone _____ Email _____



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MEDICAL INFORMATION

Please describe any medical conditions/alerts your child has. _____

Does your child have a diagnosis? Yes ___ No ___ If you answered yes, what is it? (If more than one, please list all.)

Is your child currently taking any medications? Yes ___ No ___ If you answered yes, please list the medication(s) below and what they are prescribed for.

_____	_____
_____	_____
_____	_____
_____	_____

If you answered no to the previous question, please tell us if your child has taken medications in the past, and for what they were prescribed.

_____	_____
_____	_____
_____	_____
_____	_____



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REQUIRED MATERIALS

A neuropsychological or psychoeducational evaluation is required with application materials. If you do not have a current (no older than two years) neuropsychological evaluation and would like us to provide a referral please check here _____.

If you believe the results of the last test were not indicative of your child's true abilities, please explain why.

If you are planning on obtaining an evaluation, or are in the process of an evaluation, please let us know when the evaluation is scheduled for, and provide contact information and authorization for the evaluator to speak with us by forwarding the evaluator a completed Request for Release of Authorization form (attached).

The Lang School will also consider a portfolio of your of your child's work, including written or scribed projects, artwork or anything you believe reflects your child's gifts.

SCHOOL REPORTS AND RELATED SERVICE EVALUATIONS (SCHOOL OR INDEPENDENT)

In addition, please provide us with two years of report cards or progress reports and two of your child's most current IEPs.

REFERRAL/SOURCE

Who referred you to The Lang School? _____



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TELL US ABOUT YOUR CHILD AND YOUR EXPECTATIONS

Please respond to all of the following questions. You can use a separate sheet of paper if you need more space for your responses.

1. What do you envision as an optimal learning environment for your child, given their gifts and learning needs?

2. How did/didn't your child's previous school experience meet his/her needs?

3. What are your child's specialized areas of interest or advanced potential?



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4. Describe a moment at school that highlighted/showcased your child’s abilities and talents.

5. What are your child’s preferred and non-preferred activities in school (according to your child, not his/her teacher?)

6. Tell us about your child’s most difficult moment(s) at school.



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7. What accommodations do you believe are critical to your child's success, motivation and happiness in school?

8. What accommodations have you requested of your child's current school that have/haven't been met?



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9. What are your child's current school strengths/challenges with regard to the following:

Academic

Social

Emotional



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10. How does your child show their frustration, feelings of being overwhelmed or over-stimulated? Please describe what their behavior might look like when feeling frustrated, overwhelmed or over-stimulated. Please talk about both school and home.

11. Sometimes, stressful life events impact a child's ability to learn and socialize in a school setting. Has your family encountered any such stressful events?



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12. Does your child have any medical issues that might impact their learning and/or school experiences?

13. Has your child had incidents of being physically or verbally aggressive?

Your signature below confirms the accuracy of all submitted application materials.



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FINANCIAL INFORMATION

TUITION

2017/2018 SCHOOL YEAR **\$59,800**

On the line below, please advise The Lang School with regard to who/which parent is responsible for payment of tuition.



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APPLICATION FEE \$125

The application fee, to be paid at the time you submit your child's application, may be paid by check or money order payable to The Lang School. Alternatively, you may charge the application fee using the PayPal link on the admissions page of the school website. We accept VISA, MasterCard or American Express.

Application materials will not be reviewed by The Lang School admissions team until the application fee is received.

APPLICATION SHOULD BE MAILED TO

**The Lang School 11 BROADWAY, SUITE 300, NEW YORK, NY 10004, or faxed to 212 977-1047.
Application and materials may also be scanned and e-mailed to theresa.moran@thelangschool.org**

NOTICE OF NONDISCRIMINATORY POLICY

The Lang School admits students of any race, color, national and ethnic origin to all rights and privileges, programs and activities generally accorded or made available to students at the school. The Lang School does not discriminate on the basis of race, color, national and ethnic origin in its administration of its educational policies, admissions policies, or any other school-administered programs.

Please fill out the application materials checklist on the following page to ensure you've included all necessary materials.



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APPLICATION MATERIALS CHECK LIST

(Please keep a copy of this checklist for your reference)

- 14 page completed application (with all requested contact information)
- Responses to questions about your child
- Custodial Agreement (if applicable)
- Neuropsychological evaluation, or
- Psychoeducational evaluation
- IEP
- Reports Cards (Last 2 years)
- Speech Evaluations/Reports
- Occupational Therapy Evaluations/Reports
- Other Therapists' Evaluations/Reports
- Request for Release of Information form copied and forwarded to schools and outside providers
- \$125 Application Fee
 - Check enclosed
 - Paid by Credit Card



REQUEST FOR RELEASE OF INFORMATION

Parents: This form should be completed by you and sent to your child's current school and all professionals who work with your child. (Print a copy of this form for each professional.)

I hereby give _____ permission to speak with and/or provide reports or information to The Lang School regarding my child, _____.

Parent Signature _____ Date _____

School and professionals may mail or fax reports to:

**Theresa Moran, Ph.D. ADMISSIONS
THE LANG SCHOOL
11 BROADWAY, SUITE 300 NEW
YORK, NY 10004
FAX 212 977-1047**