



APPLICATION FOR ADMISSIONS

SUBMISSION DATE _____

For (check one): ___ Jan 2018 ___ 2018/2019 School Year

APPLICANT INFORMATION

Name of Child Last _____ First _____ MI _____

Nickname and/or Preferred Pronouns _____

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

Home Address Street _____ Apt. _____

City/Town _____ State _____ Zip _____

Current School _____ Grade _____ Attended Since (Date) ___ / ___ / ___

PARENT INFORMATION

Parent/Guardian 1

Parent/Guardian Name Last _____ First _____ MI _____

Nickname and/or Preferred Pronouns _____

Home Address Check this box if parent's address is the same as child's address.

Street _____ Apt. _____

City/Town _____ State _____ Zip _____

Contact Information Cell Phone _____ Home Phone _____

Email address _____

Occupation & Employer _____

Parent/Guardian 2 (if applicable)

Parent/Guardian Name Last _____ First _____ MI _____

Nickname and/or Preferred Pronouns _____

Home Address

Check this box if parent's address is the same as child's address.

Street _____ Apt. _____

City/Town _____ State _____ Zip _____

Contact Information

Cell Phone _____ Home Phone _____

Email address _____

Occupation & Employer

Have you retained the services of an attorney yet to assist with your child's educational needs and, if so, whom?

Marital Status

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

Custodial Arrangements (including educational placement, tuition payment, and medical decisions). Please describe and provide a copy of divorce agreement (including current custodial agreement).

SIBLINGS

If your child has any siblings, please provide the following information:

Age _____ School _____ Grade _____ Living with _____

Age _____ School _____ Grade _____ Living with _____

Age _____ School _____ Grade _____ Living with _____

SCHOOL INFORMATION

Knowledge and understanding 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) and by talking with you. Please provide us with contacts who know your child well this school year and two school years prior. Specifically, please include contact information for two teachers and one administrator. Complete, sign, and forward copies of the attached Request for Release of Information form (last page of application) to each individual, which will grant them permission to speak with us.

Current 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 _____ Email _____

Teacher Name _____ Phone _____ Email _____

Administrator Name _____ Phone _____ Email _____

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

Teacher Name _____ Phone _____ Email _____

Teacher Name _____ Phone _____ Email _____

Administrator Name _____ Phone _____ Email _____

Which schools are your top choices for the current/coming school year?

- Name of Schools 1. _____
- 2. _____
- 3. _____
- 4. _____

OUTSIDE PROVIDERS

Please list any and all professionals (psychologists, social workers, psychiatrists, tutors/learning specialists, speech therapists, occupational therapists, behaviorists, etc.), past and present, who can provide us with insight into your child’s needs and how to support them. Please submit all independent evaluations. Please complete, sign, and forward copies of the attached Request for Release of Information form (last page of application) to each individual, which will grant them permission to speak with us.

Name _____

Specialization _____ Phone _____ Email _____

Name _____

Specialization _____ Phone _____ Email _____

Name _____

Specialization _____ Phone _____ Email _____

Name _____

Specialization _____ Phone _____ Email _____

MEDICAL INFORMATION

Please describe any medical conditions your child has (e.g., allergies, asthma, etc.)

Does your child have a diagnosis or difficulty related to learning? 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 the diagnoses or symptoms 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.

REQUIRED MATERIALS

NEUROPSYCHOLOGICAL OR PSYCHOEDUCATIONAL EVALUATION

Your child’s last neuropsychological or psychoeducational evaluation is required with application materials. If you believe the results of the last evaluation were not indicative of your child’s true abilities (or challenges), please explain why.

If you are planning to obtain an evaluation or are in the process of an evaluation, please let us know when the evaluation is scheduled and provide us with written permission to speak with the evaluator by forwarding to him/her a completed Request for Release of Authorization form (attached).

As part of your child’s application package, The Lang School will also consider a portfolio of your child’s work, including written or scribed projects, artwork, or anything else you believe reflects your child’s strengths and promise.

4. Describe a moment at school that highlighted or showcased your child's passions, abilities or strengths?.

5. What are your child's preferred and non-preferred activities in school, in your observation and according to your child?

6. Tell us about your child's most challenging moment(s) at school.

b. Social

c. Emotional

d. Other

11. How does your child show frustration, overwhelm or overstimulation? Please describe this behavior at school and at home.

12. Sometimes, stressful life events impact a child's ability to learn and socialize in school. Has your family encountered any such stressful events in the last two years? If so, please describe.

13. Has your child had incidents of being physically or verbally aggressive in the last two years, at home or at school?

Your signature below confirms the accuracy and completeness of your responses and application materials.

Signature

Date

FINANCIALS

TUITION (includes materials & activities fee)

2017-2018 SCHOOL YEAR	Standard (integrated supports, as needed): \$45,250
	2e (+ therapeutic supports beyond classroom): \$60,050
2018-2019 SCHOOL YEAR	Standard (integrated supports, as needed): \$45,250
	2e (+ therapeutic supports beyond classroom): \$64,750

APPLICATION FEE \$125

The application fee, to be paid at the time you submit your child's materials, may be paid by check (or money order) made out to "The Lang School." Alternatively, you may charge the application fee via our website's PayPal link (click Apply, then see item #2 on the Admissions Checklist).

APPLICATION SHOULD BE SENT TO:

Mail: The Lang School, 11 Broadway, Suite 300, New York, NY 10004

Fax: 212 977-1047

Email: admissions@thelangschoo.org

NOTICE OF NONDISCRIMINATORY POLICY

The Lang School guarantees students of any race, color, national and ethnic origin, sexual orientation, and gender identity 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, sexual orientation or gender identity in the administration of its educational policies, admissions policies, or any other school-administered programs.

Please complete this application checklist to ensure you've included all necessary materials.

APPLICATION MATERIALS CHECKLIST:

- _____ Completed application form (nine pages)
- _____ Report cards (one full year)
- _____ Most recent neuropsychological evaluation (if applicable), OR
- _____ Most recent psychoeducational evaluation (if applicable)

- _____ Most recent IEP (if applicable)
- _____ Speech evaluation/report (most recent, if applicable)
- _____ Occupational therapy evaluation/Report (most recent, if applicable)
- _____ Other provider reports (e.g., psychologist or psychiatrist)
- _____ Current divorce & custodial agreement (if applicable)
- _____ “Request for Release of Information” forms completed and forwarded to all programs and providers
- _____ \$125 application fee paid (with mailed application submission or online)