



# THE MANDELSTAM SCHOOL

## APPLICATION FOR ADMISSIONS

Please attach recent photo of student.

Date \_\_\_\_\_ For academic year beginning August \_\_\_\_\_ Applying for grade \_\_\_\_\_

Name of Applicant \_\_\_\_\_ (Male/Female)  
First Middle Last

Preferred Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_  
Number Street Apartment Number

City State Zip Code

Student's Home Phone \_\_\_\_\_

Student's First Language \_\_\_\_\_ Other Language(s) \_\_\_\_\_

### PARENT/GUARDIAN

Full Name \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Home Address (if different from applicant) \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Home Telephone Number (if different from applicant) \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Name of Employer \_\_\_\_\_

Occupation and Position \_\_\_\_\_

Business Telephone Number \_\_\_\_\_

Check all applicable:

- Parents married  Parents separated  
 Father deceased  Mother remarried

### PARENT/GUARDIAN

Full Name \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Home Address (if different from applicant) \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Home Telephone Number (if different from applicant) \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Name of Employer \_\_\_\_\_

Occupation and Position \_\_\_\_\_

Business Telephone Number \_\_\_\_\_

- Parents divorced  Mother deceased  
 Father remarried  Single parent

Applicant lives with \_\_\_\_\_ both parents listed above \_\_\_\_\_ one parent, primarily \_\_\_\_\_  
Name

\_\_\_\_\_ splits time with both parents named above other \_\_\_\_\_  
Please be specific

If parents are separated or divorced, to whom should correspondence be sent? \_\_\_\_\_

Who is financially responsible for school expenses? \_\_\_\_\_

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Current school \_\_\_\_\_ Current grade \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Area code and phone \_\_\_\_\_ Fax number \_\_\_\_\_

Name of Principal/Director \_\_\_\_\_

| Name of other schools attended | Location | Years attended |
|--------------------------------|----------|----------------|
| _____                          | _____    | _____          |
| _____                          | _____    | _____          |
| _____                          | _____    | _____          |

Are there any medical or other issues, which should be taken into account in planning your child's program?  Yes  No

If yes, please describe \_\_\_\_\_  
\_\_\_\_\_

Has the applicant ever been identified as eligible by educational/psychological testing to receive assistance and/or special (classroom) services/assistance in any of the program(s) listed below?

Please check all that apply:  
\_\_\_\_\_ Speech Pathology (Articulation and/or Language) \_\_\_\_\_ Learning Challenges and/or Difficulties  
\_\_\_\_\_ Occupational or Physical Therapy \_\_\_\_\_ Visual or Hearing Impairment  
\_\_\_\_\_ Other: Please describe \_\_\_\_\_

Has your child ever been suspended from school or subject to any other serious disciplinary actions?

No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please give the following information on all siblings:

| Name  | Gender | Birthdate | Present school and grade |
|-------|--------|-----------|--------------------------|
| _____ | _____  | _____     | _____                    |
| _____ | _____  | _____     | _____                    |
| _____ | _____  | _____     | _____                    |

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Why do you want your child to attend The Mandelstam School?

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What phrases come to mind when describing your child?

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Please describe your child's greatest strengths, both cognitive and social:

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Please describe your child's interests, including extra-curricular activities:

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Is there any reason why this applicant should not participate in an active, physical educational program?

No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

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***Sign and return this form to the Admissions Office, along with \$100 non-refundable application fee.***

I/we affirm that the information provided in this application is true and correct to the best of my/our knowledge. I/we understand that submission of this application does not guarantee my/our child's admission to The Mandelstam School.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**(Please note that the parent/guardian responsible for the custody and/or financial expenses of the Applicant must sign the Application for Admissions form.)**

*The Mandelstam School does not discriminate on the basis of gender, race, religion, nationality, or ethnic origin in the admission of students.*

OFFICE USE ONLY

Date Application Received \_\_\_\_\_

Application Fee \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Check# \_\_\_\_\_

Assessment Appointment \_\_\_\_\_  
Day Date Time Grade

Assessment Reviewed \_\_\_\_\_ Reviewer Initials \_\_\_\_\_

Accepted \_\_\_\_\_ Not Accepted \_\_\_\_\_ Letter Sent \_\_\_\_\_  
Date