



Leo Bernstein Jewish Academy of Fine Arts
1401 Arcola Avenue, Silver Spring, MD 20902
Tel. 301-592-8433 Fax 301-649-1274

LBJA APPLICATION FOR ADMISSION

2017 - 2018

Entering Grade _____

Today's Date ____/____/____

Student's Last Name _____ First Name _____

Student's Birthday (MM/DD/YY) _____ Place of Birth _____ ☐ Female ☐ Male

Hebrew Name _____

We hereby submit an application for our child's admission to the Leo Bernstein Jewish Academy of Fine Arts for the academic year commencing September 2017. We understand that the school's course of study reflects a commitment to excellence in Jewish and General Studies, combined with a commitment to the values and practices of *Halachic* Judaism – namely the study of *Torah*, observance of *Mitzvot*, concern for the welfare of Jews throughout the world, and a love for and commitment to *Eretz Yisrael*. We are also aware that the Leo Bernstein Jewish Academy of Fine Arts will be teaching the students all aspects of the traditional observance of *Shabbat*, *Jewish Holidays*, *Kashrut* and *Tefillah* (prayer).

Father's First Name _____ Last Name _____ Occupation _____

Mother's First Name _____ Last Name _____ Occupation _____

Child's Home Address _____

2nd Address line _____

City _____ Zip Code _____

Home Phone Number (_____) _____

Father's Cell Phone (_____) _____ Mother's Cell Phone (_____) _____

Father E-Mail Address _____

Mother's E-Mail Address _____

Marital Status of parents: _____

Child lives primarily with (circle): Both parents / Mother / Father / Legal Guardian

Please attach a
recent photo of your
child



STUDENT INFORMATION

Student's Name _____

- Student's Previous Education (2 years back) Please list all schools including Day Care

1. Name of School Class/Grade _____

Address of School _____

Dates of Attendance _____

2. Name of School Class/Grade _____

Address of School _____

Dates of Attendance _____

Child's Primary Language: _____ Primary Language Spoken at Home _____

- Has your child ever been evaluated for behavioral or learning issues? When was your child's last evaluation?

- Has your child ever received support services (speech, OT, PT)? If yes please explain and attach a copy of the evaluation so we can help foster his/her development in that area.

- Does your child have any special needs (physical, learning, emotional, other) to which we should be sensitive?

- Has your child experienced any serious illness or accident? (Please provide dates and nature of illness).

- Is your child taking any medication? Why was the medication prescribed and for how long?



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- Allergies – Please list any allergies your child has (including foods, animals, seasonal, etc.)

- Is your child on an IEP?

- Is there any special information that the school should know about this child or other family members that would be of help in providing services for the child?

- Please provide us copies of all reports



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STUDENT INFORMATION

Student's Name _____

SIBLING INFORMATION

Name of Sibling	Date of Birth	Age	School	Grade

Grandparents Information

	Maternal Grandparents	Paternal Grandparents
Name		
Address		
E-mail / Phone Number		

Do you intend to apply for scholarship assistance? ____ Yes ____ No

If yes, please attach a copy of your most recent tax return.

How did you hear about our school?
