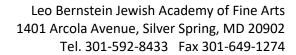


LBJA APPLICATION FOR ADMISSION

2017 - 2018

Entering Grade		Today's Dat	ce/	/
Student's Last Name	First	Name		
Student's Birthday (MM/DD/YY)	Place of Birtl	h	Female	☐ Male
Hebrew Name				
academic year commencing Septer excellence in Jewish and General S – namely the study of <i>Torah</i> , obser for and commitment to <i>Eretz Yisra</i>	for our child's admission to the Leo Imber 2017. We understand that the tudies, combined with a commitmer vance of <i>Mitzvot</i> , concern for the wel. We are also aware that the Leo E of the traditional observance of <i>Shab</i>	e school's course of study ent to the values and pract velfare of Jews throughou Bernstein Jewish Academy	reflects a comitices of <i>Halach</i> at the world, ary of Fine Arts w	mitment to ic Judaism id a love vill be
Father's First Name	Last Name	Occupation _		
Mother's First Name	Last Name	Occupation _		
Child's Home Address				
2 nd Address line			Please att	
City	recent photo	•		
Home Phone Number ()				
Father's Cell Phone ()	Mother's Cell Pho	ne ()		
Father E-Mail Address				
Mother's E-Mail Address				
Marital Status of parents:				

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





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?



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

•	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				



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

STUDENT INFORMATION

SIBLING INFORMATION Name of Sibling													
Name of Sibling			SIBLING INFORMATION										
S	Date of Birth		Age	School	Grade								
Grandparents Information													
		Maternal Grandparents		Paternal Grandp	Paternal Grandparents								
lame													
Address													
Sweet / Dhana Niveshan													
-mail / Phone Number													
Oo you intend to apply for scho	larshin =	issistance?	Ves No										
f yes, please attach a copy of y													
low did you hear about our sch		recent tax is	ctarri.										