



13300 Arctic Avenue  
Rockville, MD 20853

# Application for Admission

Please place  
photo of student  
here.

School Year \_\_\_\_\_

This application is regarded as a formal request for the consideration of your child as a potential student in the She'arim program. She'arim is not approved as a special education school. She'arim is a Maryland State Department of Education (MSDE) non-public independent school.

I hereby agree to provide She'arim with accurate and current information that must include all educational testing, psychological testing, and current IEP. This information will become part of your child's permanent record at the time of enrollment. I also grant permission for appropriate staff of the She'arim program to contact the professionals listed in this application.

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

Please return this application form and all relevant materials accompanied by a non-refundable fee of \$250.00 to:

Mrs. Rachel Sushner  
SULAM, Inc.  
Director of Special Education  
13300 Arctic Avenue  
Rockville, MD 20853

*Please do not fax documents due to the sensitive nature of the materials. Please keep originals for your own files, as any materials submitted to She'arim remain part of our confidential records.*

## General Information

Student's Full Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Student's Hebrew Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age in September \_\_\_\_\_

Application for grade \_\_\_\_\_

Student's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_ Father's Work Phone \_\_\_\_\_

Mother's Cell Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

Mother/Guardian:

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

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Email address \_\_\_\_\_

Father/Guardian:

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

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Email address \_\_\_\_\_

Siblings:

Name	Age	Education/School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parents marital status: \_\_\_\_\_ Married \_\_\_\_\_ Divorced

\_\_\_\_\_ Separated \_\_\_\_\_ Widowed

Are there any custody concerns for which She'arim needs to be aware?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Current family Synagogue affiliation (Congregation) \_\_\_\_\_

**Medical History**

Did the mother experience any health problems during pregnancy? Yes\_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

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Birth weight \_\_\_\_\_ (lbs. & ozs.)

Did your child have difficulty learning to:

Yes No If yes, please explain

Eat			
Sleep			
Sit			
Walk			
Talk			
Use toilet			

Please list any diagnosed medical problems\_\_\_\_\_

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List any allergies your child has\_\_\_\_\_

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Is your child under any medical treatment or taking medications at present?\_\_Yes \_\_No

If yes, please explain and list the medication \_\_\_\_\_

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Has your child ever been hospitalized? \_\_\_\_\_ Yes \_\_\_\_\_ No

For each time, please list the reason and length of stay of the hospitalization and the age of the child at the time.

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List doctor(s) name, address and phone number\_\_\_\_\_

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**Educational Profile**

Has your child had any form of education, psychological and/or related service evaluation(s)? \_\_\_\_\_ Yes \_\_\_\_\_ No If so, please include a copy of the results.

Does your child have a current IEP? \_\_\_\_\_ Yes \_\_\_\_\_ No If so, please include a copy.

Current program/grade \_\_\_\_\_

Contact person at program \_\_\_\_\_ Phone \_\_\_\_\_

Does your child receive services from any of the following:

	Yes	No	Frequency	Name	Phone
Speech/ Language					
Occupational Therapy					
Physical Therapy					
Psychologist / Social Worker					
Psychiatrist					
Other _____					

List previous programs starting with preschool and dates attended:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Retention? \_\_\_\_\_ Yes Grade \_\_\_\_\_ \_\_\_\_\_ No If yes, please explain

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Social / Behavioral Profile**

Please check any of the following behaviors that describe your child.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Difficulty with gross motor skills (running, jumping, hopping, etc.) | <input type="checkbox"/> Daydreams                              | <input type="checkbox"/> Artistic   |
| <input type="checkbox"/> Difficulty with cutting, glueing, Coloring                           | <input type="checkbox"/> Short attention span                   | <input type="checkbox"/> Self-confident                                     |
| <input type="checkbox"/> Difficulty dressing independently                                    | <input type="checkbox"/> Lacks self control                     | <input type="checkbox"/> Lacks motivation                                   |
| <input type="checkbox"/> Thumb sucking  | <input type="checkbox"/> Inconsistency in moods or behavior     | <input type="checkbox"/> Doesn't seem to understand questions or directions |
| <input type="checkbox"/> Rocking  | <input type="checkbox"/> Shy or withdrawn                       | <input type="checkbox"/> Difficulty using numbers                           |
| <input type="checkbox"/> Bedwetting   | <input type="checkbox"/> Aggressive toward others               | <input type="checkbox"/> Avoids homework                                    |
| <input type="checkbox"/> Nightmares   | <input type="checkbox"/> Needs constant approval or reassurance | <input type="checkbox"/> Avoids reading                                     |
| <input type="checkbox"/> Unreasonable fears   | <input type="checkbox"/> Difficulty with changes in routine     | <input type="checkbox"/> Difficulty telling time                            |
| <input type="checkbox"/> Temper tantrums  | <input type="checkbox"/> Difficulty with organization           | <input type="checkbox"/> Frequently tells lies                              |
| <input type="checkbox"/> Frequently talks to self   | <input type="checkbox"/> Creative                               | <input type="checkbox"/> Difficulty making and keeping friends              |
| <input type="checkbox"/> Nail biting  | <input type="checkbox"/> Athletic                               | <input type="checkbox"/> Gets ideas quickly                                 |
| <input type="checkbox"/> Unusual eating habits  | <input type="checkbox"/> Musical                                | <input type="checkbox"/> Cooperative  |
| <input type="checkbox"/> Personal hygiene is age appropriate                                  | <input type="checkbox"/> Mechanical                             |   |

Comment on any behavior that particularly concerns you \_\_\_\_\_

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Indicate what you believe are your child's strength and needs (include any special talents and interests) \_\_\_\_\_

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Please indicate any specific accommodations / adaptations, special curriculum material, and technology from which your child has derived benefit \_\_\_\_\_

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Please use this space for any additional information that you feel would help us understand your child better.

**Notice Regarding Equal Opportunity:** Sulam, Inc. is an Equal Opportunity Institution, dedicated to the concepts of equity and equal opportunity. It is the specific intention of Sulam, Inc. not to discriminate on the basis of age, color, creed, national origin, race, or sex in the admission and treatment of students.

Given its special mission, however, Sulam, Inc. reserves the right to determine in its sole discretion whether any particular student will be accepted for admission or retained in the Sulam, Inc. programs either during a given academic year or in subsequent years. Sulam, Inc. programs are not the appropriate placement for every child. Whether Sulam, Inc. is an appropriate placement for any given child cannot always be determined in advance. Acceptance into the Sulam, Inc. programs is no guarantee of continued enrollment. Enrollment of a student may be terminated at any time and for any reason in Sulam, Inc.'s sole discretion. This application does not constitute a contract, an offer of enrollment, or a warranty of any specific results or educational achievements. Sulam, Inc. uses its best efforts for every student, but does not guarantee that any given student will be successful or achieve stated or desired goals.