



Application for Admission

13300 Arctic Avenue
Rockville, MD 20853

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 SULAM program.

I hereby agree to provide the SULAM program 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 SULAM 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 Sulam 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 the SULAM program 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:

Birth weight _____ (lbs. & ozs.)

Did your child have difficulty learning to:

Yes No If yes, please explain

	Yes	No	If yes, please explain
Eat			
Sleep			
Sit			
Walk			
Talk			
Use toilet			

Please list any diagnosed medical problems_____

List any allergies your child has_____

Is your child under any medical treatment or taking medications at present?___Yes __No

If yes, please explain and list the medication _____

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.

List doctor(s) name, address and phone number_____

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 _____

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

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

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

Notice Regarding Equal Opportunity: Sulam is an Equal Opportunity Institution, dedicated to the concepts of equity and equal opportunity. It is the specific intention of the College not to discriminate on the basis of age, color, creed, handicap, marital status, national origin, race, religion or sex in its employment practices or in the admission and treatment of students. Given its special mission, however, Sulam must reserve the right to determine in its sole discretion whether any particular student will be accepted for admission or retained in the Sulam program either during a given academic year or in subsequent years. The Sulam program is not the appropriate placement for every child. Whether Sulam is an appropriate placement for any given child cannot always be determined in advance. Acceptance into the Sulam program is no guarantee of continued enrollment. Enrollment of any student may be terminated at any time for any reason in Sulam's sole discretion. Sulam uses its best efforts for every student, but does not warrant that any given student will be successful or achieve stated or desired goals.