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Application for Admission

Ida Crown Jewish Academy

2828 West Pratt Boulevard • Chicago, Illinois 60645

P: 773-973-1450 • F: 773-973-6131

www.icja.org



Please read the application carefully and fill out as completely as possible.
If you have any questions while completing the application, contact
Rivkah Rabin, Director of Admissions at 773-973-1452 x 152 or rivkahr@icja.org

For School Year 200__ – 200__ Entering Grade _____ Social Security Number _____

Applicant's Name _____
Last *First* *Middle* *Hebrew*

Date of Birth _____ Place of Birth (City, State or Country) _____ Immigration Date _____

Male/ Female _____ Applicant's Email _____ Applicant's Cell Phone # _____

Name of school applicant currently attends: _____

Address _____ City _____ State _____ Zip _____

Telephone Number _____ Fax Number _____

Principal's Name _____

Other schools attended:

Name of school _____ Grades completed at this school _____

Name of school _____ Grades completed at this school _____

If applicant attends public school, Hebrew school information:

Name of school _____ Principal's Name _____ Number of years attended _____

Address _____ City _____ State _____ Zip _____ Telephone Number _____

List two references (Rabbi, principal, teacher, etc.) other than the individual who will be writing the "Letter of Recommendation" for the applicant.

Name _____ Telephone Number _____ Email Address _____

Name _____ Telephone Number _____ Email Address _____

Family Information

Applicant's Mother

Last Name First Name Maiden Name Title

Address

City State Zip

Home Telephone Cell Phone #

Email

Hebrew Name

Place of Birth

Occupation Business Name

Business Address

Business Phone # Business Fax #

City State Zip

Marital Status _____

If remarried, spouse's name _____

Is applicant's mother Jewish by birth? _____

Is applicant's maternal grandmother Jewish by birth? _____

If applicant, applicant's mother, or applicant's maternal grandmother is not Jewish by birth, please provide certificate of Halachic conversion.

Is applicant adopted? _____. If yes, please provide certification that the biological mother was Jewish and/or a certificate of Halachic conversion.

Applicant's Maternal Grandparents

Address

City State Zip

Home Telephone Email

Applicant's Maternal Grandparents

Address

City State Zip

Home Telephone Email

Applicant's Father

Last Name First Name Title

Address

City State Zip

Home Telephone Cell Phone #

Email

Hebrew Name Kohain Levi Yisrael

Place of Birth

Occupation Business Name

Business Address

Business Phone # Business Fax #

City State Zip

Marital Status _____

If remarried, spouse's name _____

Is applicant's father Jewish by birth? _____

Is applicant's paternal grandmother Jewish by birth? _____

Applicant's Paternal Grandparents

Address

City State Zip

Home Telephone Email

Applicant's Paternal Grandparents

Address

City State Zip

Home Telephone Email

If applicant lives with someone other than parents:

Name of person with whom applicant resides *Relationship to applicant*

Contact information (include Address, City, State, Zip and Telephone, if different from above)

Sibling Information

Name	Gender	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have any members of the applicant's family attended the Academy? If yes, please list names and graduation years: _____

Does the applicant's family attend synagogue regularly on Shabbat and holidays? _____

Name of synagogue _____

Is the applicant's family Shabbat observant? _____

Does the applicant's family observe Kashrut? at home _____ outside home _____

Emergency Contact Information:

Name *Telephone Number* *Relationship to applicant*

Name *Telephone Number* *Relationship to applicant*

Signature of Applicant *Date*

Signature of Parent/Guardian *Date*

Signature of Parent/Guardian *Date*

For Office Use Only:

Date Application Received: _____

Amount of Application Fee Received: _____

Date Application Fee Received: _____

Check number of Application Fee: _____



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Important Information for Parents of Applicants Who May Require Academic Services

The mission of the Ida Crown Jewish Academy Department of Student Academic Services is to create an educational environment that meets the needs of students who have identified learning disabilities and can be mainstreamed with support into a full academic program.

Identifying academic strengths and weaknesses is critical for enhancing a student's learning potential. **Therefore, if you feel that your child may require academic services at the Academy it is required that a full psychoeducational evaluation report, including results from the Wechsler Intelligence Scale for Children (WISC-IV) and the Woodcock Johnson III (with extended cognitive and extended achievement batteries), be submitted to the Admissions office as part of the application process.** If your child has not yet undergone an evaluation, the Department of Student Academic Services is available to assist in identifying appropriate public and private testing resources.

Upon receiving the evaluation report, the Academic Services staff will develop an educational plan to address your child's learning needs. After your child is registered as a student, you and your child will be asked to meet with the Academic Services staff to discuss the implementation of this plan. Your child is expected to attend all scheduled support sessions and make a commitment of at least 1-2 academic hours per day for homework. As parents, you are expected to provide a supportive environment to encourage academic discipline and effort.

When applications are being completed for the ACT, SAT or AP exam, the College Guidance Department staff assists all students who have been identified with learning needs with their application for testing accommodations (i.e. extended time, oral testing, and multiple-day testing). It is important to note that eligibility for these accommodations requires both a current psychoeducational evaluation and a record of academic services during the student's high school years.

If you have any further questions regarding testing requirements at ICJA, please contact Mr. Ariel Zamarripa, Director of Student Academic Services, at (773) 973-1450 x 142.



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Release of Information

A separate Release of Information is required for each school and/or service provider.

I hereby authorize _____
Name of School and/or Provider

Address *City* *State/Zip*

Telephone Number *Fax Number*

to release all educational and psychoeducational information regarding:

Child's Name

I understand that any information shared will be treated in a professional and confidential manner, and will be used exclusively for the purpose of educational planning.

Signature of Parent/Guardian *Date*