

Please complete any of the following that is relevant to the applicant. The information you provide will be kept in strictest confidence.

Has the applicant ever been evaluated for any behavioral, educational or social-emotional issue? ___ yes ___no

If yes, attach a copy of the evaluation or submit it under separate cover. Please note if an evaluation was administered more than three years prior to the applicant's first day enrolled in ICJA, it is not valid for Admissions purposes.

Please complete the following chart regarding any support the applicant receives/has received over the past two years:

Year Support was Provided	Name of Service Provider	Type of Service Provider	Type of Support	Frequency of Sessions	Minutes per Session

Please read "Important Information for Parents of Applicants Who May Require Academic Services," and complete a Release of Information form for **each** service provider listed above. Receiving this information will allow our Departments of Academic and Social Services to understand the needs of the applicant and will facilitate better class placement and determination of support services.

If the applicant is under the care of a physician, what is the medical condition for which care is being provided? _____

Please list the names and dosages of any prescribed medications: _____

Please list the applicant's hobbies or special interests: _____

Please list any scholastic awards or honors the applicant has received: _____

Please list any youth organizations in which the applicant is involved: _____

Please complete the following information regarding summer camps the applicant has attended:

Please add any additional information about the applicant that you feel might be helpful for us to know: _____

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

City State Zip

Business Phone # Business Fax #

Marital Status _____

If divorced, who is the custodial parent? ___ Applicant's mother

___ Applicant's father ___ There is joint custody

If remarried, spouse's name _____

If remarried, spouse's name _____

Is applicant's mother Jewish by birth? _____

Is applicant's father Jewish by birth? _____

Is applicant's maternal grandmother Jewish by birth? _____

Is applicant's paternal 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

City State Zip

Business Phone # Business Fax #

Marital Status _____

If divorced, who is the custodial parent? ___ Applicant's mother

___ Applicant's father ___ There is joint custody

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? _____

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 _____ Application Fee _____ Amount of Application Fee _____ Check # of Application Fee _____

____ Letter of Recommendation ____ Placement Tests ____ Report Cards ____ Evaluation (if needed) ____ Interview

Date Admissions Decision Letter Sent Out _____ Date Registration Deposit Received _____



Ida Crown Jewish Academy

2828 West Pratt Boulevard
Chicago, Illinois 60645
P: 773-973-1450
F: 773-973-6131
admissions@icja.org

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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Chicago, Illinois 60645

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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