

Dear Parent,

Thank you for your interest in the Ashira Program. Attached you will find a copy of the Student Application for the 2024-2025 school year.

Please forward the completed Student Application, along with \$200 application fee to the **Ashira Business Office at PO Box 1737 Spring Valley, NY 10977**

- Copies of educational and psychological evaluations that were conducted within the past three years, as well as any other evaluations (e.g. neurological, speech and language, occupational therapy, social history) or other reports that will help us better understand your daughter
- A statement from your daughter's present teacher regarding your child's classroom functioning
- Copies of school records including recent report cards, progress reports, attendance records record

Following a review of the application, we will contact references and previously attended schools. An observation at the site of your daughter's current placement may take place. We will then schedule a date for you to bring your daughter in for an interview.

After the interview, we will follow up with you as to your daughter's acceptance and recommendations for placement. Other conditions may apply in order to complete the acceptance process.

Please do not hesitate to call with any questions.

Sincerely,

Mrs. Bracha Cohen
Dr. Zahava Wiener

STUDENT APPLICATION

2024-2025

Date ___/___/___

Student Information

Student's Name: _____
Last First Hebrew

Street Address _____ City _____ State _____ Zip Code _____

Home Phone # _____ Primary Email Address: _____

Age _____ Date of Birth _____ Hebrew Date of Birth _____ Nusach _____

Family Information

Father Salutation (circle) Rabbi Dr. Mr.

Mother Salutation (circle) Dr. Mrs.

Name: _____ Name: _____

Cell Phone #: _____ Cell Phone #: _____

Email Address: _____ Email Address: _____

Profession: _____ Profession: _____

Employer: _____ Employer: _____

Shul affiliation _____ Rabbi's Name: _____ Phone # _____

Siblings

Name _____	Age _____	Current School _____
Name _____	Age _____	Current School _____
Name _____	Age _____	Current School _____
Name _____	Age _____	Current School _____
Name _____	Age _____	Current School _____

Paternal Grandparents

Name: _____

Address: _____

City, State, Zip _____

Maternal Grandparents

Name: _____

Address: _____

City, State, Zip _____

Parents are: Married Divorced Separated

If divorced or separated, child lives with Mother Father

Address of non-custodial parent _____ Home Phone _____

Educational History

- List the schools that the applicant has attended: (most recent → first)

School Name	City & State	Grades	Years Attended

- Has your child repeated any grade? Yes No If yes, which grade? _____
- If your child has received or is receiving special services from any school, agency, private specialist, or clinic, please complete the following:

Area	School/Agency	Dates
Judaic Studies	_____	_____
Reading / Writing	_____	_____
Math	_____	_____
Speech and Language	_____	_____
Occupational Therapy	_____	_____
Psychological Services	_____	_____

- Has your child had psychological or educational testing? Yes No

Evaluator Name	Phone Number	Type of Evaluation	Date of Evaluation

- Does your child have a district IEP? Yes No
- If yes, what is your child's Special Education Classification? _____ Diagnosis? _____
- Name and phone number of current teacher, administrator or therapist who knows your child well.

Do you give Ashira permission to contact the professional listed above? Yes No

Additional Information

Please share some of your child's strengths, interests, unique talents, and abilities.

List areas of concern you may have regarding your child.

List what you hope your child will/can achieve at Ashira.

How did you hear about The Ashira Program?

All of the above information I have given is true, and to the best of my knowledge is an accurate description of my child's history and abilities.

Signature of Parent Completing Application: _____ Date: _____

For Office Use Only

Date Received: _____

Interview Date: _____

PLEASE ATTACH A PHOTO OF YOUR DAUGHTER TO THIS APPLICATION