

K-8 Applicant and Family Information

Application Guidelines for The Agnon School

- Contact the Admissions Office for information and a viewbook of school information.
- Set up an appointment to meet with the admissions staff and take a tour of the school. You (and your child) are welcome to visit more than once. We would be happy to arrange appointments with the Head of School or Division Directors to answer specific questions. You are also welcome to spend some time observing in a classroom.
- Kindergarten applicants must be five by September 30 of their enrollment year, and must undergo a Kindergarten Readiness Screening. Any child with a birthday between August 1– September 30 will be carefully screened to determine Kindergarten readiness.
- Complete the following and return to the Admissions Office:
 - Signed application, with signed Releases and Recommendation Request
 - A non-refundable Application Fee of \$75
 - A copy of the applicant's birth certificate
- Our Admissions Office will fax the records request and recommendation form to your present school.
- Screening Procedures: The Admissions Office will contact you to make a screening appointment.
 - Kindergarten applicants will participate in a group or individual kindergarten readiness screening conducted by our learning specialists.
 - Applicants for grades 1-8 will need to spend a half or full day at the Agnon School in his/her current grade class. Teachers will observe the student in a social classroom situation; our learning specialists will conduct a private screening of language development, math computation skills, reading and writing ability; and your student will also meet with the Admissions Director and the Division Director. We are interested in your child's impression of Agnon. Does he or she like Agnon and feel comfortable here?
- The Admissions Committee will assemble all application materials, recommendation forms, student records and screening results to make admission decisions. In cases where there are more qualified applicants than spaces, some families may be placed into a waiting pool for later admission if space becomes available.
- Acceptance letters and enrollment contracts will be mailed at the end of February and thereafter on a rolling basis. Contracts (or financial aid letters of intent) and enrollment deposits are due back as soon as possible.
- After a family has completed the Admissions process, they may enter the Tuition Assistance process, which is completely separate and confidential. Tuition Assistance grant determinations are made in the spring.

School Year for Entry into Agnon:

Full Name of Applicant:

Male Female

Birth Date:

To Enter
Grade _____

APPLICANT AND FAMILY INFORMATION

Applicant's Full Name _____ Hebrew Name _____
 Student likes to be called _____
 Birthdate _____ Place of Birth _____
 Home Address _____
 Telephone _____
 Primary Language Spoken at Home _____ Other languages spoken by applicant _____
 How did you hear about the Agnon School? _____

___ Mr. ___ Mrs. ___ Ms. ___ Dr. ___ Rabbi ___ Other
 Parent Full Name _____
 Relationship to Applicant _____
 Home Address: ___ Same as above
 If
 different: _____

 Home Phone _____
 Cell Phone _____
 Pager _____
 Email _____
 Place of Employment/Profession/Title _____

 Business
 Address _____

 Business Phone _____
 Business email _____
 Educational Background _____

 Religious
 Education _____
 Place of Birth _____

 Please * * preferred mailing address, preferred phone and

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Applicant's Parents are now: ___ Married? ___ Separated? ___ Divorced? (How Long _____) ___ Single parent
 Applicant lives with _____

Is the applicant adopted? ___ No ___ Yes If yes, has this been explained? _____

Is the applicant a child of a previous marriage? ___ No ___ Yes

Are there any additional family circumstances which you believe it is important to share with us? (family life or custodial arrangement) _____

Special Family Situations: If there is a special family situation such as a divorce, separation or a blended family, both parents are notified of parent/teacher conferences and other major school programs and are provided access to all official records and reports about the applicant in accordance with school policy. Exceptions to this policy are undertaken only when necessary to comply with law or when ordered by the court. Please provide the school any information to comply with legal requirements.

Send school records to: _____

APPLICANT AND FAMILY INFORMATION

Other children in family: Give name, gender, birth date/ages and current school:

Are any applying to Agnon? _____No _____Yes/ Name_____ You must complete a separate application.

Have you previously applied to Agnon? _____No _____Yes/When_____

Please list any relatives or friends who are attending or who have attended Agnon?

Applicant's present school_____ Phone Number:_____

Other schools applicant has attended in the last three years: (if known, give names, addresses , grades, dates and teachers)

Below, discuss the applicant's educational background. Has he/she ever skipped or repeated a grade; had any special tutoring; have any unusual talents or achievements, either inside or outside of school, or have any physical conditions, academic, and/or emotional issues which are or have been under treatment. List the names of any outside specialists consulted.

Applicant's Maternal Grandparents: (include titles such as Dr.)

Names_____ Phone_____

Address:_____

Applicant's Paternal Grandparents: (include titles such as Dr.)

Names_____ Phone_____

Address:_____

Family Synagogue Affiliation:_____

Special skills, talents, hobbies or activities of a parent or grandparent which might be shared or used to enrich the school's educational experience:_____

Do parents or grandparents sit on any non-profit or business boards in the Jewish or general community? Please list the person involved and the activity, or any other volunteer activities or projects of note:_____

Why do you want an Agnon education for your child?

What are your goals for your child(ren)?

APPLICANT AND FAMILY INFORMATION

The **Agnon** School
Private education. Jewish values.

The Agnon School admits students of any race, religion, nationality or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the School. The School does not discriminate on the basis of race, religion, nationality, or ethnic origin in administration of its educational policies, admissions policies, financial aid policies, athletic, or other school administered programs.

In consideration of the undertaking by the Admission Office of The Agnon School to process the undersigned's application for admission and related forms, the undersigned agrees that the information furnished on these forms, together with all information and materials of any kind received by the Admission Office from any source or prepared by anyone at its request, shall be completely confidential and shall not be disclosed to anyone, including the candidate and his/her family, except that the Director of Admission may, for official purposes at his/her discretion, disclose any part or all thereof to such person or persons as he/she deems advisable.

Parents' Signature: (or Guardian's Signature)

_____ Date _____

_____ Date _____

A copy of the applicant's birth certificate and a non-refundable application fee of \$75 must be submitted with this form. Please make checks payable to The Agnon School.

Tuition Assistance: The Agnon School offers completely confidential tuition assistance to enroll students who could not otherwise afford to attend a Jewish Day School. Applicants are accepted for admission on a need-blind basis. In no case will an applicant be denied admission to The Agnon School because of financial need, if tuition assistance funds are available. All assistance is awarded on the basis of financial need using both the recommended guidelines of the School and Student Services for Financial Aid of Princeton, New Jersey (an impartial independent company that provides financial analysis services to many educational institutions), and the examination of personal financial documents such as tax returns and W-2's by the Tuition Assistance Committee.

Do you wish to apply for Tuition Assistance? Yes _____ No _____

**The Agnon School
26500 Shaker Boulevard
Beachwood, Ohio 4122
216-464-4055
Fax 216-464-3229
www.agnon.org
Email: agnon@agnon.org**

REQUEST FOR RECORDS & RECOMMENDATION

Student Recommendation Request

_____ has applied for admission to
(child's name)
_____ at The Agnon School for _____ .
(grade) (school year)

In order to help us consider this application, we ask for your help in completing the form below. Please return the form to Agnon as soon as possible so that we may complete our admission process.

◦ -via mail:

The Agnon School
Attn: Admissions Office
26500 Shaker Blvd
Beachwood, OH 44122

◦ -via fax: 216-464-3229 Attn: Admissions

_____ Check here if you would prefer to present your information over the phone.
Agnon's phone number is 216-464-4055.

We can reach you at _____ at _____ .
(phone number) (times)

Thank you, The Admissions Committee

Please describe the child's behavior in reference to:

1. Relationship to teachers.....How does the student deal with delayed gratification? Does the student cooperate? Follow directions?

2. Relationship to other children.....Are they comfortable with peers? Does the student take initiative?

REQUEST FOR RECORDS & RECOMMENDATION

3. Use of materials.....Does this student share well? Does this student display purposeful use of materials?

4. Adjustment to routines....Can the student shift focus from one activity to another? Describe the student's attention span.

5. What are the child's favorite activities?

6. How does this child adapt to new experiences or situations? Does the student handle the home/school separation well?

7. Have you been able to establish a home/school/student partnership with this student and their family? Please describe.

8. Summarize this student's strengths:		9. Summarize this student's weaknesses:
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Teacher _____ School _____

REQUEST FOR RECORDS & RECOMMENDATION

Request for Release or Transfer of School Records,
Health Records, and/or Confidential Information

Applicant Parent to Complete

It is requested that information regarding

Applicant Name: _____

Birthdate: _____

School Last Attended: _____

Grade: _____

be released and transferred as soon as possible to:

The Agnon School
Attn: Admission Office
26500 Shaker Boulevard
Beachwood, Ohio 44122
Phone: 216-464-4055
Fax: 216-464-3229

I acknowledge notification of this transfer of records as required by the Family Educational Rights and Privacy Act of 1974 and understand that I have the right to receive a copy, if requested. I understand that the information transferred will be treated in a confidential manner and will not be transmitted to a third party without my consent.

Signature of Parent or Legal Guardian: _____

Address: _____

Day Phone: _____

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