

Admissions Application Checklist (Please complete and return this checklist with your application)

Applicant Name: _____ DOB: _____ Date: _____

Required Documents for All Applicants:

- Application with photo
- Psychological, Educational, or Psycho-Educational Evaluation(s) (completed within the past year)
- Release of information form from child's school
- Application fee of \$50.00 (non-refundable)

As Applicable:

Enclosed

Arriving Separately

- | | | |
|---|--------------------------|--------------------------|
| <input type="checkbox"/> Speech and Language Evaluation | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Occupational Therapy Evaluation | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Physical Therapy Evaluation | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Other (Neurological, etc.) Please specify: _____ | | |

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- IEP and Teacher Progress Reports
 - Reports by therapists providing support services

Please make checks payable to the Manhattan Star Academy

****Applications will not be processed until all required documents are submitted.****
Family interviews will not be scheduled without current evaluations.

If you have any questions, please contact Tara Silber at (646) 795-3850. Return application to:

Admissions Office
Manhattan Star Academy
180 Amsterdam Ave. 3rd Floor
New York, NY, 10023

Admission Information and Timeline

Admission to the Manhattan Star Academy Program is a three step process:

- Parents attend an Open House to gather information about the MSA program.
- To be complete, an application must have all of the following:
 - Application form and checklist
 - Copies of any evaluation/records of child, to include: psychological, educational, speech/language, medical (or neurological)
 - Most recent IEP / Progress Report and Teacher / Therapist Questionnaire
 - Application Fee - \$50
- Each candidate under consideration will be observed in his / her present school, preschool or play setting by an MSA staff member.

Timeline

- All of the above items must be submitted before any application can be reviewed by the Admission Committee.
- After review by the Admission Committee, families will be notified of the findings. Additional information / evaluations may be requested by the Admissions Committee.
- Arrangements will be made for observations
- Upon acceptance into the MSA Program, you will be asked to sign a tuition agreement and make a deposit toward the year's tuition.

Application for Admissions

APPLICANT INFORMATION

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

Preferred Name or Nickname _____ Applicant is Boy _____ Girl _____

Applying for Grade _____ for the Academic Year _____ Date and Place of Birth _____

Will you be applying for Pendency through the Department of Education? Yes No

SCHOOL INFORMATION

Current School _____ Grade _____ Dates Attended _____

Class Size/Ratio _____ Does your child have a 1:1? Yes No

School Address _____ City _____ State _____ Zip _____

School Phone Number _____ Name of Head of School _____

Other Schools Attended (please include dates)

Why are you seeking a new school placement?

Current Services

Name of Therapist

Frequency (ex; 3x30x1)

Para Professional (1:1) _____

Counseling _____

Occupational Therapy _____

Physical Therapy _____

SEIT Services _____

Speech/Language Therapy _____

Does your child use Assistive Technology? (If so what devices/apps?) _____

Therapeutic / Educational Program (eg. ABA, Listening program)

Other Service / Therapy _____

Has your child been evaluated / diagnosed? Yes No

By whom and when? _____

Diagnosis _____

Does your child have a history of chronic illness or other medical diagnoses (If so please list)?

Please list any medications your child is currently taking _____

Does your child engage in aggressive behavior towards self or others? If so, please explain

FAMILY INFORMATION

Parent's Name _____
Mr. Mrs. Ms. Miss Dr. Other
Relationship to Applicant _____
Home Address _____
City _____ State _____ Zip _____
Home Phone _____ Cell _____
E-mail _____
Employer _____
Occupation _____
Position _____
Business Address _____
Business Phone _____

Parent's Name _____
Mr. Mrs. Ms. Miss Dr. Other
Relationship to Applicant _____
Home Address _____
City _____ State _____ Zip _____
Home Phone _____ Cell _____
E-mail _____
Employer _____
Occupation _____
Position _____
Business Address _____
Business Phone _____

What language, other than English, is regularly spoken at home? _____

Applicant's Parents are now: Married Separated Divorced Domestic Partners Other

Applicant lives with: Both Parents Mother Father Other

Correspondence should be sent to: Both Parents Mother Father Other

Billing information should be sent to: Both Parents Mother Father Other

Are there any additional family circumstances that you believe are important to share with us?

OTHER CHILDREN

Name _____ Age ____ School _____ Applying to MSA? Yes No

Name _____ Age ____ School _____ Applying to MSA? Yes No

ADDITIONAL INFORMATION Please attach an extra sheet, for the following questions.

Tell us about your child. Be as candid as possible in your description and include your child's strengths, special interests or any other information that you think will help the Admissions Committee know your child better.

Describe the educational environment and experience you envision for your child. Please identify those elements of your education that you would like your child to experience or to avoid experiencing.

Our goal is to meet every child's needs. To help us achieve this, please share with us if you anticipate that your child will benefit from any support services such as speech, physical, occupational therapies or accelerated pacing.

How did you hear about MSA? _____

Did any MSA families refer you to us? (*Family name*) _____

A non-refundable application fee of \$50 payable to The Manhattan Star Academy in check or money order should be enclosed with this form. Please return the completed application to: The Admissions Office, The Manhattan Star Academy, 180 Amsterdam Ave. 3rd Floor New York, NY 10023.

Your signature below affirms the completeness and accuracy of the information supplied on this application.

Signature of Parent/s or Guardian _____ Date _____

School Report Release Form

To The Parents

Please complete the form and send to your child's current school. The report must come directly from the school and will be treated as confidential.

Applicant Name: _____

I give permission to release a copy of the requested school report to The Manhattan Star Academy.

Signature of parent of guardian: _____

Please send the requested information to:

Admissions Office
Manhattan Star Academy
180 Amsterdam Ave. 3rd Floor
New York, NY 10023

School Report

CONFIDENTIAL

Child's name _____ Sex _____

Birthdate _____ Name usually called _____

Present School _____ Phone _____ Entrance Date _____

Parent's names _____

Address _____ Zip _____ Phone _____

Teacher and class _____ Date of this report _____

Submitted by _____ How long have you known this child? _____

Language spoken at home _____ Does the child speak other languages? _____

Dominance: Right _____ Left _____ Not established _____

Category:	Area of Strength	Age Appropriate	Progressing Towards Age Appropriate	Area of Concern	N/A
PHYSICAL DEVELOPMENT					
Small motor coordination					
Draws with details					
Uses appropriate pencil grip					
Works with manipulatives					
Gross motor coordination					
Sense of body in space					
Gait, fluidity, smoothness of movement					
Participates in physical group activities					

Comment: Please comment on the child's physical development, i.e. visual, auditory (including frequency of ear infections) and general health.

Category	Area of Strength	Age appropriate	Progressing Towards Age Appropriate	Area of Concern	N/A
INTELLECTUAL DEVELOPMENT					
RECEPTIVE SKILLS					
Follows directions given to a group					
Follows directions given individually					
Follows multiple step directions					
Understands stories read aloud					
Understands classroom discussions					
Memory for events and information					
EXPRESSIVE SKILLS					
Clarity of speech					
Fluency of expression					
Vocabulary					
Ability to stay on discussion topic					
Word retrieval					
Appropriate syntax					
Tells story events in sequence					
READING READINESS					
Sound symbol correspondence					
Recognizes letters – upper case					
lower case					
MATH					
Recognizes numerals					
Understands one-to-one correspondence					
Patterning					
Categorizing					
Sequencing					
Understands comparative terms (size, time)					
Recognizes shapes					

Please comment on the child’s language and speech development. Is the child currently receiving speech or language therapy? Please explain.

Please describe the child’s ease of learning and ability to make meaningful connections.

Please comment if there are any unusual aspects of the child’s mathematical interests or skills.

Category: SOCIAL / EMOTIONAL DEVELOPMENT	Area of Strength	Age appropriate	Progressing Towards Age Appropriate	Area of Concern	N/A
Self-esteem					
Acceptance of limits					
Self-motivation					
Ability to work independently					
Interaction with peers					
Interaction with adults					
Resolves conflicts verbally					
Internalization of classroom routine					
Separation from parents / caregivers					
Ability to share					
Ability to wait for turn					
Respect for property of self					
Respect for property of others					
Accepts responsibility for actions					
Frustration tolerance self-chosen activity					
Frustration tolerance-assigned activity					
Sense of humor					
Curiosity					
Attention span – self-chosen activity					
Attention span – assigned activity					
Cooperative attitude					
Leadership skills					
Ability to follow peers					
Makes transitions easily					
Reacts well to new experiences					
Accepts change					
Comfort with large group					
-small group					
-alone					

Usually chooses: Large Group _____ Small Group _____ Alone _____

Usually takes role of: Leader _____ Follower _____ Varies _____

Comment: Please comment on the child’s social / emotional development.

Please describe the child’s work habits: pace, perseverance, independence, problem-solving, ability to work to completion and attitudes.

Family

Is there anything significant about the home life, which will help us understand this child?
(new baby, move, divorce, separation).

Please describe parents' involvement with the school.

Are there any special concerns about the child's attendance or promptness in arrival or departure?

Additional Comments:

Signed: _____ Date: _____

Title: