



The Tikvah Center
A place for hope.

STUDENT APPLICATION

Early Childhood Intervention (ECI): 2022-2023

Please print clearly and fill out all information. A non-refundable fee of \$100.00 must be submitted with this form.

Date of Application _____ Grade for which student is applying _____

Student's Legal Last Name _____ (First) _____ (Middle) _____

Student's Preferred Name _____ Date of Birth _____

Sex: Male Female Ethnicity: Hispanic or Latino Asian
 Black or African American Native Hawaiian or Other Pacific Islander
 White American Indian or Alaskan Native

Current School Name _____ Current Grade _____

Does the applicant require an I-20 visa? Yes No Is the applicant up-to-date with immunizations? Yes No

PARENT/GUARDIAN INFORMATION

Married Divorced Single Widowed Separated

Applicant Resides With (check all that apply): Both Parents Married Both Parents Separated Father Mother
 Grandparent(s) Guardian(s) Stepfather Stepmother

Other Specify _____

Parent 1: Father Mother

Parent's Legal Last Name _____ (First) _____ (Title) _____

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Email Address _____

Employer and Occupation _____ Work Phone _____

Employer Address _____ City _____ State _____ Zip _____

Parent 2: Father Mother

Parent's Legal Last Name _____ (First) _____ (Title) _____

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Email Address _____

Employer and Occupation _____ Work Phone _____

Employer Address _____ City _____ State _____ Zip _____

AFFILIATION

Religion

Synagogue Affiliation or other

SIBLINGS

Name

Age

Current School

Name

Age

Current School

Name

Age

Current School

LEGACY*Family members who have attended The Gordon School*

Name

Relationship

Years

Name

Relationship

Years

STUDENT INFORMATIONHas applicant previously applied to the Gordon School? Yes No If yes, what year? _____Has applicant ever been placed on probation, suspended, expelled, asked to withdraw, or not offered enrollment renewal from any prior school? Yes No If yes, please explain the circumstances on the back of this form.

Primary language(s) spoken at home:

Has the applicant had any formal academic evaluation and/or psychological testing within the last five years? Yes No
If yes, a copy of the evaluation is required with this application.

Has the applicant ever been tested for:

Speech/Language/Hearing Yes NoLearning Disability Yes NoOccupational Therapy Yes NoPhysical Therapy Yes NoSocial/Emotional Difficulty Yes NoAt the present time is the applicant currently receiving counseling or therapy for any checked? Yes No

FINANCIAL

Name(s) of the one(s) financially responsible: _____

Will you be applying for financial assistance? Yes NoDoes your child receive any of the following scholarships? Family Empowerment McKay Step Up Gardiner

By signing below, I grant permission to The Gordon School to obtain my child's school records and any relevant information pertaining to my child's attendance at such school, as well as to contact the references and professionals I have provided to The Gordon School. I verify that the information supplied on this application and in all related documents is truthful and I understand that any omissions or misrepresentations may result in my child's application being denied or my child being asked to withdraw (if discovered after acceptance). I acknowledge that I am authorized to submit this application on behalf of my child. I agree that I will not seek access to materials used during the admission process. I further understand that my child's enrollment or continued enrollment (if accepted) is subject to my child continuing to meet the school's academic and social expectations and my continuing to meet the financial commitments set forth in the relevant enrollment contracts. *The Gordon School welcomes students of any race, color, religion, national or ethnic origin.*

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date