

Application for Admission

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 Director and take a tour of the school. You 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 classes.
- Kindergarten applicants must be five years of age by September 30 of their enrollment year, and must undergo a Kindergarten readiness screening. (September 30 is used as the enrollment deadline in compliance with the State of Ohio.)
- To complete the admissions process, submit the following to the School Office:
 - Signed application
 - Request for Records and Teacher Recommendation forms
 - A non-refundable Application Fee of \$50 (applicable towards tuition)
 - A copy of the applicant's birth certificate
- Agnon accepts applications throughout the year and admissions decisions will be made on February 28. After February 28, the office operates on a rolling admission basis, as space permits.
- Applications will be considered once records & teacher recommendation form have been received for applicants in grades 1-8.
- 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.
- 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 on a waiting list for later admission, if space becomes available.
- Acceptance letters and enrollment contracts will be mailed by the end of February and thereafter on a rolling basis. Contracts (or financial aid letters of intent) and enrollment deposits are due back within 30 days.
- After a family (grades K-8) 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

Date of Birth:

_____ Grade To Enter (K-8)

Early Childhood Programs*

- Class for 2-3 year olds (*Gan Garin*)
 - _____ Move On II (2 mornings)
 - _____ Move On III (3 mornings)
- Classes for 3-4 year olds (*Gan Shores*)
 - _____ 3 Mornings
 - Extended Days (circle one) 2 3
 - _____ 5 Mornings
 - Extended Days (circle one) 2 3 4 5
- Classes for 4-5 year olds
 - _____ (*Gan Alonim*) Pre-Kindergarten
 - Extended Days (circle one) 2 3 4 5

* Class determined by September 30th deadline.

APPLICATION FOR ADMISSION

Applicant's Full Name _____ Hebrew Name _____
Student likes to be called _____
Date of Birth _____ Place of Birth _____
Home Address _____
Telephone _____
Primary language spoken at home _____ Other languages spoken by applicant _____
How did you hear about The Agnon School? _____
Please list any families who referred or introduced you to Agnon _____

___Mr. ___Mrs. ___Ms. ___Dr. ___Rabbi ___Other

Parent Full Name _____

Relationship to Applicant _____

Home Address _____ Same as above

If different _____

Home Phone _____

Cell Phone _____

Pager _____

E-Mail _____

Place of Employment/Profession/Title _____

Business Address _____

Business Phone _____

Business E-Mail _____

Educational Background _____

Religious Education _____

Place of Birth _____

Please * preferred mailing address, preferred phone and preferred E-Mail.

___Mr. ___Mrs. ___Ms. ___Dr. ___Rabbi ___Other

Parent Full Name _____

Relationship to Applicant _____

Home Address _____ Same as above

If different _____

Home Phone _____

Cell Phone _____

Pager _____

E-Mail _____

Place of Employment/Profession/Title _____

Business Address _____

Business Phone _____

Business E-Mail _____

Educational Background _____

Religious Education _____

Place of Birth _____

Please * preferred mailing address, preferred phone and preferred E-Mail.

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

Please explain any additional family circumstances which you believe are important to share with us. (family life or custodial arrangement)

APPLICATION FOR ADMISSION

Other children in family

NAME	GRADE/AGE	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?

Please explain your level of interest in day school education through eighth grade ____ low ____ medium ____ high

Applicant's Present School _____ Phone Number: _____

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

Below, discuss the applicant's educational background. Has he/she ever skipped or repeated a grade or had any special tutoring. Does he/she 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.)

If more room is necessary to list all grandparents, use back page at the bottom.

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?

APPLICATION FOR ADMISSION

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 Admissions 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 Admissions may, for official purposes at his/her discretion, disclose any part or all thereof to such person or persons as he/she deems advisable.

We reserve the right to contact your child's current school in order to obtain information pertinent to the candidate's admission.

Parents' Signatures (or Guardian's Signature)

_____ Date _____

_____ Date _____

A copy of the applicant's birth certificate and a non-refundable application fee of \$50 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 in K-8th grade 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 44122
Phone: (216) 464-4055
Fax: (216) 464-3229
E-Mail: agnon@agnon.org
www.agnon.org

TEACHER RECOMMENDATION FORM

Student Recommendation Request for candidates applying to The Agnon School

_____ 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:

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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