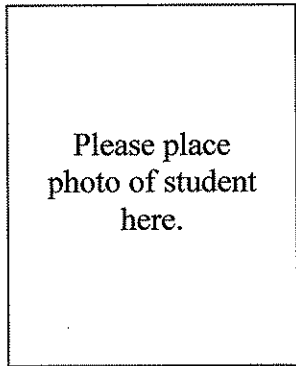




13300 Arctic Avenue  
Rockville, MD 20853



**Application for Admission**

**School Year** \_\_\_\_\_

This application is regarded as a formal request for the consideration of your child as a potential student in the SULAM program.

I hereby agree to provide the SULAM program with accurate and current information concerning my child that will become part of his/her permanent record at the time of enrollment. I also grant permission for appropriate staff of the SULAM program to contact the professionals listed in this application.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Please return this application form accompanied by a non-refundable fee of \$200.00 to:

Mrs. Diane Switlick  
SULAM, Inc.  
Director of Special Education  
13300 Arctic Avenue  
Rockville, MD 20853

**General Information**

Student's Full Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Student's Hebrew Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age in September \_\_\_\_\_

Application for grade \_\_\_\_\_

Student's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_ Father's Work Phone \_\_\_\_\_

Other Phone Numbers \_\_\_\_\_

Mother/Guardian:

Full Name \_\_\_\_\_

Address (if different from the applicant) \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Father/Guardian:

Full Name \_\_\_\_\_

Address (if different from the applicant) \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Siblings:

Name	Age	Education/School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parents marital status:      \_\_\_\_\_ Married      \_\_\_\_\_ Divorced  
   \_\_\_\_\_ Separated      \_\_\_\_\_ Widowed

Are there any custody concerns for which the SULAM program needs to be aware?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

Current family Synagogue affiliation (Congregation) \_\_\_\_\_

**Medical History**

Did the mother experience any health problems during pregnancy? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

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Birth weight \_\_\_\_\_ (lbs. & ozs.)

Did your child have difficulty learning to:

Yes No If yes, please explain

	Yes	No	If yes, please explain
Eat			
Sleep			
Sit			
Walk			
Talk			
Use toilet			

Please list any diagnosed medical problems \_\_\_\_\_

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List any allergies your child has \_\_\_\_\_

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Is your child under any medical treatment or taking medications at present? \_\_\_ Yes \_\_\_ No

If yes, please explain and list the medication \_\_\_\_\_

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Has your child ever been hospitalized? \_\_\_\_\_ Yes \_\_\_\_\_ No

For each time, please list the reason and length of stay of the hospitalization and the age of the child at the time.

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List doctor(s) name, address and phone number \_\_\_\_\_

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**Educational Profile**

Has your child had any form of education, psychological and/or related service evaluation(s)? \_\_\_\_ Yes \_\_\_\_ No If so, please include a copy of the results.

Does your child have a current IEP? \_\_\_\_ Yes \_\_\_\_ No If so, please include a copy.

Current program/grade \_\_\_\_\_

Contact person at program \_\_\_\_\_ Phone \_\_\_\_\_

Does your child receive services from any of the following:

	Yes	No	Frequency	Name	Phone
Speech/ Language					
Occupational Therapy					
Physical Therapy					
Psychologist / Social Worker					
Psychiatrist					
Other _____					

List previous programs starting with preschool and dates attended:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Retention? \_\_\_\_ Yes Grade \_\_\_\_ \_\_\_\_ No If yes, please explain

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Social / Behavioral Profile**

Please check any of the following behaviors that describe your child.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Difficulty with gross motor skills (running, jumping, hopping, etc.) | <input type="checkbox"/> Daydreams                              | <input type="checkbox"/> Artistic   |
| <input type="checkbox"/> Difficulty with cutting, glueing, Coloring                           | <input type="checkbox"/> Short attention span                   | <input type="checkbox"/> Self-confident                                     |
| <input type="checkbox"/> Difficulty dressing independently                                    | <input type="checkbox"/> Lacks self control                     | <input type="checkbox"/> Lacks motivation                                   |
| <input type="checkbox"/> Thumb sucking  | <input type="checkbox"/> Inconsistency in moods or behavior     | <input type="checkbox"/> Doesn't seem to understand questions or directions |
| <input type="checkbox"/> Rocking  | <input type="checkbox"/> Shy or withdrawn                       | <input type="checkbox"/> Difficulty using numbers                           |
| <input type="checkbox"/> Bedwetting   | <input type="checkbox"/> Aggressive toward others               | <input type="checkbox"/> Avoids homework                                    |
| <input type="checkbox"/> Nightmares   | <input type="checkbox"/> Needs constant approval or reassurance | <input type="checkbox"/> Avoids reading                                     |
| <input type="checkbox"/> Unreasonable fears   | <input type="checkbox"/> Difficulty with changes in routine     | <input type="checkbox"/> Difficulty telling time                            |
| <input type="checkbox"/> Temper tantrums  | <input type="checkbox"/> Difficulty with organization           | <input type="checkbox"/> Frequently tells lies                              |
| <input type="checkbox"/> Frequently talks to self   | <input type="checkbox"/> Creative                               | <input type="checkbox"/> Difficulty making and keeping friends              |
| <input type="checkbox"/> Nail biting  | <input type="checkbox"/> Athletic                               | <input type="checkbox"/> Gets ideas quickly                                 |
| <input type="checkbox"/> Unusual eating habits  | <input type="checkbox"/> Musical                                | <input type="checkbox"/> Cooperative  |
| <input type="checkbox"/> Personal hygiene is age appropriate                                  | <input type="checkbox"/> Mechanical                             |   |

Comment on any behavior that particularly concerns you \_\_\_\_\_

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Indicate what you believe are your child's strength and needs (include any special talents and interests) \_\_\_\_\_

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Please indicate any specific accommodations / adaptations, special curriculum material, and technology from which your child has derived benefit \_\_\_\_\_

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Please use this space for any additional information that you feel would help us understand your child better.

**Notice Regarding Equal Opportunity:** Sulam is an Equal Opportunity Institution, dedicated to the concepts of equity and equal opportunity. It is the specific intention of the College not to discriminate on the basis of age, color, creed, handicap, marital status, national origin, race, religion or sex in its employment practices or in the admission and treatment of students. Given its special mission, however, Sulam must reserve the right to determine in its sole discretion whether any particular student will be accepted for admission or retained in the Sulam program either during a given academic year or in subsequent years. The Sulam program is not the appropriate placement for every child. Whether Sulam is an appropriate placement for any given child cannot always be determined in advance. Acceptance into the Sulam program is no guarantee of continued enrollment. Enrollment of any student may be terminated at any time for any reason in Sulam's sole discretion. Sulam uses its best efforts for every student, but does not warrant that any given student will be successful or achieve stated or desired goals.