



APPLICATION FOR ADMISSIONS

SUBMISSION DATE _____

APPLICANT INFORMATION

NAME OF CHILD LAST _____ FIRST _____ MI _____

NICKNAME AND/OR PREFERRED PRONOUNS _____

CHILD'S DATE OF BIRTH MONTH _____ DAY _____ YEAR _____

HOME ADDRESS STREET _____ APT. _____

CITY/TOWN _____ STATE _____ ZIP _____

CURRENT SCHOOL _____ GRADE _____ ATTENDED SINCE _____

PARENT/GUARDIAN 1

NAME LAST _____ FIRST _____ MI _____

NICKNAME AND/OR PREFERRED PRONOUNS _____

AVOCATIONAL INTERESTS _____

(WE ARE ALWAYS LOOKING FOR PARENTAL INVOLVEMENT WITH OUR STUDENT COMMUNITY)

HOME ADDRESS CHECK THIS BOX IF PARENT'S ADDRESS IS THE SAME AS CHILD'S ADDRESS.

STREET _____ APT. _____

CITY/TOWN _____ STATE _____ ZIP _____

CONTACT INFORMATION CELL PHONE _____ HOME PHONE _____

EMAIL ADDRESS _____

OCCUPATION & EMPLOYER _____

EMPLOYER ADDRESS (OR TYPICALLY WHERE ARE YOU LOCATED DURING NORMAL WORK HOURS) _____

PARENT/GUARDIAN 2 (IF APPLICABLE)

NAME LAST _____ FIRST _____ MI _____

NICKNAME AND/OR PREFERRED PRONOUNS _____

AVOCATIONAL INTERESTS _____

(WE ARE ALWAYS LOOKING FOR PARENTAL INVOLVEMENT WITH OUR STUDENT COMMUNITY)

HOME ADDRESS CHECK THIS BOX IF PARENT'S ADDRESS IS THE SAME AS CHILD'S ADDRESS.

STREET _____ APT. _____

CITY/TOWN _____ STATE _____ ZIP _____

CONTACT INFORMATION CELL PHONE _____ HOME PHONE _____
EMAIL ADDRESS _____

OCCUPATION & EMPLOYER _____

EMPLOYER ADDRESS (OR TYPICALLY WHERE ARE YOU LOCATED DURING NORMAL WORK HOURS) _____

HAVE YOU RETAINED THE SERVICES OF AN ATTORNEY YET TO ASSIST WITH YOUR CHILD'S EDUCATIONAL NEEDS AND,
IF SO, WHOM? _____

MARITAL STATUS _____

ARE BOTH PARENTS IN AGREEMENT ABOUT YOUR CHILD'S EDUCATIONAL NEEDS FOR THE COMING SCHOOL YEAR?

SIBLINGS

IF YOUR CHILD HAS ANY SIBLINGS, PLEASE PROVIDE THE FOLLOWING INFORMATION:

AGE _____ SCHOOL _____ GRADE _____ LIVING WITH _____

AGE _____ SCHOOL _____ GRADE _____ LIVING WITH _____

AGE _____ SCHOOL _____ GRADE _____ LIVING WITH _____

SCHOOL INFORMATION

Knowledge and understanding of your child's prior educational experiences is part of The Lang School admissions process and will be acquired by contacting your child's former school(s) and by talking with you. Please provide us with contacts who know your child well this school year and two school years prior. Specifically, please include contact information for two teachers and one administrator. Complete, sign, and forward copies of the attached [Request for Release of Information](#) form (last page of application) to each individual, which will grant them permission to speak with us.

CURRENT SCHOOL _____ DATES ATTENDED (MONTH/YEAR) FROM _____ TO _____

TEACHER NAME & TITLE _____ PHONE _____ EMAIL _____

TEACHER NAME & TITLE _____ PHONE _____ EMAIL _____

ADMINISTRATOR NAME & TITLE _____ PHONE _____ EMAIL _____

SCHOOL COUNSELOR / PSYCHOLOGIST / SOCIAL WORKER NAME & TITLE _____

PHONE _____ EMAIL _____

NAME OF SCHOOL _____ DATES ATTENDED (MONTH/YEAR) FROM _____ TO _____

TEACHER NAME & TITLE _____ PHONE _____ EMAIL _____

TEACHER NAME & TITLE _____ PHONE _____ EMAIL _____

ADMINISTRATOR NAME & TITLE _____ PHONE _____ EMAIL _____

SCHOOL COUNSELOR / PSYCHOLOGIST / SOCIAL WORKER NAME & TITLE _____

NAME OF SCHOOL _____ DATES ATTENDED (MONTH/YEAR) FROM _____ TO _____
TEACHER NAME & TITLE _____ PHONE _____ EMAIL _____
TEACHER NAME & TITLE _____ PHONE _____ EMAIL _____
ADMINISTRATOR NAME & TITLE _____ PHONE _____ EMAIL _____
SCHOOL COUNSELOR / PSYCHOLOGIST / SOCIAL WORKER NAME & TITLE _____
PHONE _____ EMAIL _____

HAS YOUR CHILD EVER BEEN SUSPENDED, ASKED TO LEAVE A SCHOOL (OR AN AFTERSCHOOL PROGRAM OR SUMMER CAMP), OR BEEN VERBALLY OR PHYSICALLY AGGRESSIVE (OR HAVING THREATENED SO) AT HOME OR AT SCHOOL? IF YES, PLEASE EXPLAIN AND BE SPECIFIC ABOUT BOTH THE TIMEFRAME AND THE INCIDENT(S).

WHICH OTHER SCHOOLS ARE YOU APPLYING TO FOR THE UPCOMING SCHOOL YEAR?

1. _____
2. _____
3. _____
4. _____

OUTSIDE PROVIDERS

Please list any and all professionals (psychologists, social workers, psychiatrists, tutors/learning specialists, speech therapists, occupational therapists, behaviorists, etc.), past and present, who can provide us with insight into your child's needs and how to support them. Please complete and include with your application an attached [Request for Release of Information](#) form (last page of application) for each provider; this will grant them permission to speak with us.

NAME _____ SPECIALIZATION _____
PHONE _____ EMAIL _____

NAME _____ SPECIALIZATION _____
PHONE _____ EMAIL _____

NAME _____ SPECIALIZATION _____
PHONE _____ EMAIL _____

NAME _____ SPECIALIZATION _____
PHONE _____ EMAIL _____

MEDICAL INFORMATION

PLEASE DESCRIBE ANY MEDICAL CONDITIONS YOUR CHILD HAS (E.G., ALLERGIES, ASTHMA, ETC.) _____

DOES YOUR CHILD HAVE A DIAGNOSIS OR CHALLENGE THAT AFFECTS LEARNING AND PERFORMANCE IN SCHOOL?

YES. NO. PLEASE DESCRIBE. _____

IS YOUR CHILD CURRENTLY TAKING ANY MEDICATIONS? YES. NO. PLEASE LIST THE MEDICATION(S) BELOW.

MEDICATION _____ DOSAGE & FREQUENCY _____
START DATE _____ SHORT- OR LONG-ACTING _____
MEDICATION _____ DOSAGE & FREQUENCY _____
START DATE _____ SHORT- OR LONG-ACTING _____
MEDICATION _____ DOSAGE & FREQUENCY _____
START DATE _____ SHORT- OR LONG-ACTING _____

REQUIRED MATERIALS

1. NEUROPSYCHOLOGICAL OR PSYCHOEDUCATIONAL EVALUATION

Please provide us with your child’s last neuropsychological and/or psychoeducational evaluation administered over the last three years. If you are in the process of obtaining an evaluation, please let us know when the evaluation is scheduled and provide us with a completed [Request for Release of Information](#) form (attached).

2. SCHOOL REPORTS AND RELATED SERVICE EVALUATIONS (SCHOOL OR INDEPENDENT)

Please provide us with report cards and related service reports from the last two years , as well as, your child’s last IEP (individualized education plan – if applicable).

3. PORTFOLIO SUBMISSION (OPTIONAL)

If you feel your child’s report cards and evaluations do not reflect your child’s strengths, promise, or talents, please provide us with a physical or digital portfolio containing written projects, artwork, or videos.

4. REFERRAL/SOURCE

WHO REFERRED YOU TO THE LANG SCHOOL, OR HOW DID YOU LEARN OF THE LANG SCHOOL? _____

TELL US ABOUT YOUR CHILD AND YOUR EXPECTATIONS

1. WHAT DO YOU ENVISION AS AN OPTIMAL LEARNING ENVIRONMENT FOR YOUR CHILD, TAKING INTO ACCOUNT BOTH STRENGTHS AND NEEDS?

2. HOW DID/DIDN'T YOUR CHILD'S MOST RECENT SCHOOL ATTEND TO YOUR CHILD'S STRENGTHS AND NEEDS? WHAT DO YOU BELIEVE WERE THE OUTCOMES?

3. WHAT DO YOU SEE AS YOUR CHILD'S SPECIALIZED AREAS OF INTEREST OR ADVANCED POTENTIAL, SETTING ASIDE SCHOOL EXPERIENCES?

4. DESCRIBE A MOMENT AT SCHOOL THAT HIGHLIGHTED OR SHOWCASED YOUR CHILD'S PASSIONS, ABILITIES OR STRENGTHS?.

5. WHAT ARE YOUR CHILD'S PREFERRED AND NON-PREFERRED ACTIVITIES IN SCHOOL? DO YOU KNOW WHY?

6. WHICH ACCOMMODATIONS DO YOU BELIEVE ARE CRITICAL TO YOUR CHILD'S SUCCESS AND MOTIVATION IN SCHOOL?

7. PLEASE DESCRIBE YOUR CHILD'S CURRENT STRENGTHS AND CHALLENGES IN SCHOOL SPECIFICALLY WITH REGARD TO THE BELOW (PLEASE INCLUDE SPECIFICS):

A. SUBJECTS, CLASSES, HOMEWORK (PLEASE INCLUDE STEM, ARTS, AND / OR HUMANITIES)

B. SOCIAL

C. EMOTIONAL

D. WHAT BEHAVIORS DOES YOUR CHILD DRAW ON THAT SUPPORT THEM IN BEING A PRODUCTIVE AND CONTRIBUTING MEMBER OF THEIR CURRENT SCHOOL COMMUNITY?

E. WHEN YOUR CHILD ENCOUNTERS CHALLENGE OR FRUSTRATION AT SCHOOL OR AT HOME, WHAT BEHAVIORS DO THEIR TEACHERS OR YOU OBSERVE THAT MAKE IT DIFFICULT FOR YOUR CHILD TO REESTABLISH FOCUS AND MEET THE AGREED UPON SOCIAL NORMS?

YOUR SIGNATURE BELOW CONFIRMS THE ACCURACY AND COMPLETENESS OF YOUR RESPONSES AND APPLICATION MATERIALS.

SIGNATURE

DATE

FINANCIALS

TUITION (INCLUDES MATERIALS & ACTIVITIES FEE)

2023-2024 SCHOOL YEAR \$92,250

APPLICATION FEE \$125

The application fee, to be paid at the time you submit your child's materials, may be paid via our website's PayPal link (click Apply, then scroll down to the PAY NOW button).

APPLICATION SHOULD BE EMAILED TO:

ADMISSIONS@THELANGSCHOOL.ORG

APPLICATION MATERIALS CHECKLIST

Please complete this application checklist to ensure you've included all necessary materials.

- COMPLETED APPLICATION FORM (SEVEN PAGES)
- REPORT CARDS (TWO FULL YEARS)
- NEUROPSYCHOLOGICAL EVALUATION (WITHIN LAST THREE YEARS)
- PSYCHOEDUCATIONAL EVALUATION (IF APPLICABLE)
- MOST RECENT IEP (IF APPLICABLE)
- OTHER PROVIDER REPORTS
- REQUEST FOR RELEASE OF INFORMATION FORMS COMPLETED FOR ALL SCHOOLS AND/OR PROVIDERS
- \$125 APPLICATION FEE PAID (VIA PAYPAL ONLINE)

NOTICE OF NONDISCRIMINATORY POLICY

The Lang School guarantees students of any race, color, national and ethnic origin, sexual orientation, and gender identity to all rights and privileges, programs and activities generally accorded or made available to students at the school. The Lang School does not discriminate on the basis of race, color, national and ethnic origin, sexual orientation or gender identity in the administration of its educational policies, admissions policies, or any other school-administered programs.



REQUEST FOR RELEASE OF INFORMATION

This form should be completed for your child's current/previous school and all professionals who work with your child. Send all release forms to The Lang School. (A copy of this form should be completed for each professional.)

I HEREBY GIVE _____ PERMISSION TO SPEAK WITH AND/OR PROVIDE REPORTS OR
INFORMATION TO **THE LANG SCHOOL** REGARDING MY CHILD, _____
STATE _____ ZIP _____

PARENT SIGNATURE

DATE

PARENT NAME

Please email form to: ADMISSIONS@THELANGSCHOOL.ORG



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STATE _____ ZIP _____

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DATE

PARENT NAME

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