



## APPLICATION FOR ADMISSIONS

SUBMISSION DATE \_\_\_\_\_

2021/2022 YEAR     2022/2023 YEAR

### 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 ASKED TO LEAVE A SCHOOL (OR AN AFTERSCHOOL PROGRAM OR SUMMER CAMP)? IF YES,  
PLEASE EXPLAIN. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**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. BEHAVIORAL

E. HAS YOUR CHILD HAD ANY INCIDENTS OF BEING VERBALLY OR PHYSICALLY AGGRESSIVE (OR HAVING THREATENED SO) IN THE LAST TWO YEARS, AT HOME OR AT SCHOOL? PLEASE BE SPECIFIC ABOUT BOTH THE TIMEFRAME AND THE INCIDENT(S).

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

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SIGNATURE

---

DATE

## FINANCIALS

### TUITION (INCLUDES MATERIALS & ACTIVITIES FEE)

2021-2022 SCHOOL YEAR	\$80,250
2022-2023 SCHOOL YEAR	\$86,250

### 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:

REID KUIOKA  
DIRECTOR FOR ADMISSIONS  
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 mail or email reports to:

ATTN: REID KUIOKA  
DIRECTOR FOR ADMISSIONS  
THE LANG SCHOOL

**MAIL**

THE LANG SCHOOL  
26 BROADWAY, SUITE 900  
NEW YORK, NY 10004

**EMAIL**

ADMISSIONS@THELANGSCHOOL.ORG



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