

# ▶ Manhattan Star Academy

A member of the YAI network.

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180 Amsterdam Ave. 3<sup>rd</sup> Floor New York, NY 10023 Telephone (646) 795-3850 Fax (212) 602-0198

## Admissions Application Checklist (Please complete and return this checklist with your application)

Applicant Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

### *Required Documents for All Applicants:*

- Application with photo
- Psychological, Educational, or Psycho-Educational Evaluation(s) (completed within the past year)
- Release of information form from child's school
- Application fee of \$50.00 (non-refundable)

### *As Applicable:*

Enclosed

Arriving Separately

- |   |                          |                          |
|---|--------------------------|--------------------------|
| <input type="checkbox"/> Speech and Language Evaluation                   | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Occupational Therapy Evaluation                  | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Physical Therapy Evaluation                      | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Other (Neurological, etc.) Please specify: _____ |                          |                          |

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- IEP and Teacher Progress Reports
  - Reports by therapists providing support services

*Please make checks payable to the Manhattan Star Academy*

**\*\*Applications will not be processed until all required documents are submitted.\*\*  
Family interviews will not be scheduled without current evaluations.**

If you have any questions, please contact Tara Silber at (646) 795-3850. Return application to:

Admissions Office  
Manhattan Star Academy  
180 Amsterdam Ave. 3<sup>rd</sup> Floor  
New York, NY, 10023

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## Admission Information and Timeline

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Admission to the Manhattan Star Academy Program is a three step process:

- Parents attend an Open House to gather information about the MSA program.
- To be complete, an application must have all of the following:
  - Application form and checklist
  - Copies of any evaluation/records of child, to include: psychological, educational, speech/language, medical (or neurological)
  - Most recent IEP / Progress Report and Teacher / Therapist Questionnaire
  - Application Fee - \$50
- Each candidate under consideration will be observed in his / her present school, preschool or play setting by an MSA staff member.

### Timeline

- All of the above items must be submitted before any application can be reviewed by the Admission Committee.
- After review by the Admission Committee, families will be notified of the findings. Additional information / evaluations may be requested by the Admissions Committee.
- Arrangements will be made for observations
- Upon acceptance into the MSA Program, you will be asked to sign a tuition agreement and make a deposit toward the year's tuition.

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## Application for Admissions

### APPLICANT INFORMATION

Applicant's First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Preferred Name or Nickname \_\_\_\_\_ Applicant is Boy \_\_\_\_\_ Girl \_\_\_\_\_

Applying for Grade \_\_\_\_\_ for the Academic Year \_\_\_\_\_ Date and Place of Birth \_\_\_\_\_

Will you be applying for Pendency through the Department of Education? Yes  No

### SCHOOL INFORMATION

Current School \_\_\_\_\_ Grade \_\_\_\_\_ Dates Attended \_\_\_\_\_

Class Size/Ratio \_\_\_\_\_ Does your child have a 1:1? Yes  No

School Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Phone Number \_\_\_\_\_ Name of Head of School \_\_\_\_\_

Other Schools Attended (please include dates)

Why are you seeking a new school placement?

### Current Services

Name of Therapist

Frequency (ex: 3x30x1)

Para Professional (1:1) \_\_\_\_\_

Counseling \_\_\_\_\_

Occupational Therapy \_\_\_\_\_

Physical Therapy \_\_\_\_\_

SEIT Services \_\_\_\_\_

Speech/Language Therapy \_\_\_\_\_

Does your child use Assistive Technology? (If so what devices/apps?) \_\_\_\_\_

Therapeutic / Educational Program (eg. ABA, Listening program)

Other Service / Therapy \_\_\_\_\_

Has your child been evaluated / diagnosed? Yes  No

By whom and when? \_\_\_\_\_

Diagnosis \_\_\_\_\_

Does your child have a history of chronic illness or other medical diagnoses (If so please list)?

Please list any medications your child is currently taking \_\_\_\_\_

Does your child engage in aggressive behavior towards self or others? If so, please explain

**FAMILY INFORMATION**

Parent's Name \_\_\_\_\_  
Mr. Mrs. Ms. Miss Dr. Other  
Relationship to Applicant \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell \_\_\_\_\_  
E-mail \_\_\_\_\_  
Employer \_\_\_\_\_  
Occupation \_\_\_\_\_  
Position \_\_\_\_\_  
Business Address \_\_\_\_\_  
Business Phone \_\_\_\_\_

Parent's Name \_\_\_\_\_  
Mr. Mrs. Ms. Miss Dr. Other  
Relationship to Applicant \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell \_\_\_\_\_  
E-mail \_\_\_\_\_  
Employer \_\_\_\_\_  
Occupation \_\_\_\_\_  
Position \_\_\_\_\_  
Business Address \_\_\_\_\_  
Business Phone \_\_\_\_\_

What language, other than English, is regularly spoken at home? \_\_\_\_\_

Applicant's Parents are now: Married Separated Divorced Domestic Partners Other

Applicant lives with: Both Parents Mother Father Other

Correspondence should be sent to: Both Parents Mother Father Other

Billing information should be sent to: Both Parents Mother Father Other

Are there any additional family circumstances that you believe are important to share with us?

\_\_\_\_\_  
\_\_\_\_\_

**OTHER CHILDREN**

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Applying to MSA? Yes No  
Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Applying to MSA? Yes No

**ADDITIONAL INFORMATION** Please attach an extra sheet, for the following questions.

Tell us about your child. Be as candid as possible in your description and include your child's strengths, special interests or any other information that you think will help the Admissions Committee know your child better.

Describe the educational environment and experience you envision for your child. Please identify those elements of your education that you would like your child to experience or to avoid experiencing.

Our goal is to meet every child's needs. To help us achieve this, please share with us if you anticipate that your child will benefit from any support services such as speech, physical, occupational therapies or accelerated pacing.

How did you hear about MSA? \_\_\_\_\_

Did any MSA families refer you to us? (Family name) \_\_\_\_\_

A non-refundable application fee of \$50 payable to The Manhattan Star Academy in check or money order should be enclosed with this form. Please return the completed application to: The Admissions Office, The Manhattan Star Academy, 180 Amsterdam Ave. 3<sup>rd</sup> Floor New York, NY 10023.

Your signature below affirms the completeness and accuracy of the information supplied on this application.

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

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## School Report Release Form

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### To The Parents

Please complete the form and send to your child's current school. The report must come directly from the school and will be treated as confidential.

Applicant Name: \_\_\_\_\_

I give permission to release a copy of the requested school report to The Manhattan Star Academy.

Signature of parent of guardian: \_\_\_\_\_

Please send the requested information to:

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Manhattan Star Academy  
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## School Report

### CONFIDENTIAL

Child's name \_\_\_\_\_ Sex \_\_\_\_\_

Birthdate \_\_\_\_\_ Name usually called \_\_\_\_\_

Present School \_\_\_\_\_ Phone \_\_\_\_\_ Entrance Date \_\_\_\_\_

Parent's names \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Teacher and class \_\_\_\_\_ Date of this report \_\_\_\_\_

Submitted by \_\_\_\_\_ How long have you known this child? \_\_\_\_\_

Language spoken at home \_\_\_\_\_ Does the child speak other languages? \_\_\_\_\_

Dominance: Right \_\_\_\_\_ Left \_\_\_\_\_ Not established \_\_\_\_\_

Category:	Area of Strength	Age Appropriate	Progressing Towards Age Appropriate	Area of Concern	N/A
<b>PHYSICAL DEVELOPMENT</b>					
Small motor coordination					
Draws with details					
Uses appropriate pencil grip					
Works with manipulatives					
Gross motor coordination					
Sense of body in space					
Gait, fluidity, smoothness of movement					
Participates in physical group activities					

**Comment:** Please comment on the child's physical development, i.e. visual, auditory (including frequency of ear infections) and general health.

Category	Area of Strength	Age appropriate	Progressing Towards Age Appropriate	Area of Concern	N/A
<b>INTELLECTUAL DEVELOPMENT</b>					
<b>RECEPTIVE SKILLS</b>					
Follows directions given to a group					
Follows directions given individually					
Follows multiple step directions					
Understands stories read aloud					
Understands classroom discussions					
Memory for events and information					
<b>EXPRESSIVE SKILLS</b>					
Clarity of speech					
Fluency of expression					
Vocabulary					
Ability to stay on discussion topic					
Word retrieval					
Appropriate syntax					
Tells story events in sequence					
<b>READING READINESS</b>					
Sound symbol correspondence					
Recognizes letters – upper case					
lower case					
<b>MATH</b>					
Recognizes numerals					
Understands one-to-one correspondence					
Patterning					
Categorizing					
Sequencing					
Understands comparative terms (size, time)					
Recognizes shapes					

Please comment on the child's language and speech development. Is the child currently receiving speech or language therapy? Please explain.

Please describe the child's ease of learning and ability to make meaningful connections.

Please comment if there are any unusual aspects of the child's mathematical interests or skills.



Category: <b>SOCIAL / EMOTIONAL DEVELOPMENT</b>	Area of Strength	Age appropriate	Progressing Towards Age Appropriate	Area of Concern	N/A
Self-esteem					
Acceptance of limits					
Self-motivation					
Ability to work independently					
Interaction with peers					
Interaction with adults					
Resolves conflicts verbally					
Internalization of classroom routine					
Separation from parents / caregivers					
Ability to share					
Ability to wait for turn					
Respect for property of self					
Respect for property of others					
Accepts responsibility for actions					
Frustration tolerance self-chosen activity					
Frustration tolerance-assigned activity					
Sense of humor					
Curiosity					
Attention span – self-chosen activity					
Attention span – assigned activity					
Cooperative attitude					
Leadership skills					
Ability to follow peers					
Makes transitions easily					
Reacts well to new experiences					
Accepts change					
Comfort with large group					
-small group					
-alone					

Usually chooses: Large Group \_\_\_\_\_ Small Group \_\_\_\_\_ Alone \_\_\_\_\_

Usually takes role of: Leader \_\_\_\_\_ Follower \_\_\_\_\_ Varies \_\_\_\_\_

**Comment:** Please comment on the child's social / emotional development.

Please describe the child's work habits: pace, perseverance, independence, problem-solving, ability to work to completion and attitudes.

**Family**

Is there anything significant about the home life, which will help us understand this child?  
(new baby, move, divorce, separation).

Please describe parents' involvement with the school.

Are there any special concerns about the child's attendance or promptness in arrival or departure?

**Additional Comments:**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Title: