



Joy Faith Knapp Children's Center
 3145 West Pratt Boulevard, Chicago, IL 60645
 (773) 467-3900 fax (773) 467-3999

Application for Partnership Admission

Please complete. If you have any questions, contact Rabbi David M. Rosenberg, Coordinator of Jewish Educational Services, at (773) 467-3926 or davidrosenberg@jcfs.org. Information provided is protected by HIPAA regulations.

For School Year 20__ - 20__ Date of Birth _____ Grade as of September _____

Student's Name _____
 Last First Middle

Address of Student _____ City _____ State _____ Zip _____

Student's Home Telephone Number _____

Mother's/Guardian's Name and Address _____ City _____ State _____ Zip _____

Home phone _____ Cell phone _____ E-mail _____

Father's/Guardian's Name [and Address, if different] _____ [City _____ State _____ Zip _____]

Home phone _____ Cell phone _____ E-mail _____

Student's Hebrew Name [_ Kohain _ Levi _ Yisrael]

If parents are divorced, please check here _____ and indicate who the custodial parent(s) is/are:

Custody: _____ Joint _____ Student's mother _____ Student's Father

Unless otherwise indicated, tuition will be split equally between the parents

Please include a copy of the relevant court documents.

Application Check List (use spaces to indicate date)

- Please submit the following documentation
 - _____ Application for Partnership Admission
 - _____ Relevant psycho-educational testing and school documentation;
 - _____ Academic reports for the current year of school
 - _____ Consents for release of PHI
- Please ensure that the Partner School completes and submits the separate “Partnership School Form” _____
- Please complete the FACTS Tuition Aid application online at <https://online.factsmgmt.com/aid> _____
- Once application has been accepted, Knapp School & Yeshiva will send
 - Agreement for Placement to family. Family signs the Agreement, arranges for Partner School to sign, and returns it to Knapp School & Yeshiva _____ .
 - Tuition Agreement to family. Family signs the Tuition Agreement, including arrangement of tuition, and returns to Knapp School & Yeshiva _____
- A Knapp School & Yeshiva Intake Coordinator will contact the family to arrange an Intake Meeting with parent and student. The Intake Coordinator will confirm the beginning of educational services at Knapp School & Yeshiva.

School Partnership Details

Partnership arrangements are finalized in discussions between the student family, the student's home school, and Knapp School & Yeshiva.

Student's home school: _____

Address _____

Principal _____ Telephone _____

If another school administrator/professional will be the primary point of contact, please check here (____) and provide information below:

Other school administrator/professional _____

Title _____ Telephone _____

Proposed partnership arrangement

Days and hours _____

About the Student

Please list previous schools attended, including Jewish education:

Name	Address, City, State; Phone	Year(s)	Grades

Please share parent/guardian concerns/presenting problems (including social-emotional and academic):

Please describe the student's strengths:

Please describe goals for student's education at Knapp School & Yeshiva:

Please include a copy of student's current psychoeducational evaluation (academic, cognitive, and social-emotional). Please indicate date of evaluation: _____

Please indicate student's mental health history (note diagnoses and pertinent mental health treatment issues), including date of first diagnosis and date of most recent diagnosis:

Please complete the following chart regarding supports and therapies the student currently receives:

Start and end dates of support	Name, Address, and phone number of Service Provider	Type of Service Provider	Type of Therapy or Service	Frequency of Sessions	Minutes per session

Please complete a "JCFS Chicago Consent for Release of Protected Health Information" for each provider listed above.

If the student is under the care of physician, please indicate the medical conditions for which care is being provided:

Please list the names and dosages of any prescribed medications:

Please add any additional information about the student that might be helpful:

Signatures

Signature of Student (if 12 or older)

Date

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date