APPLICATION 2024 - 2025

Student's Legal Name: _____ **DOB:** ___/___/_____
Student's Referred-By Name: _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Home Phone: _____ **Home Fax:** _____ **Referred by:** _____
NYC ID: _____ **SSN:** _____

FAMILY INFORMATION

Father's Name: _____ Mother's Name: _____
Email Address: _____ Email Address: _____
Cell #: _____ Work #: _____ Cell #: _____ Work #: _____
Occupation: _____ Occupation: _____
Shul Affiliation: _____ Maiden Name: _____
Family Rav: _____

Paternal Grandparents:

Name: _____ Phone: _____ Shul Affiliation: _____
Address: _____ City: _____ State: _____ Zip: _____

Maternal Grandparents:

Name: _____ Phone: _____ Shul Affiliation: _____
Address: _____ City: _____ State: _____ Zip: _____

Siblings:

Name:	Age:	Yeshiva/School Attending:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EDUCATION HISTORY

School Currently Attending: _____ Phone: _____
Address: _____
Date of Admission: _____ Hebrew Grade Completed: ____ English Grade Completed: ____
Contact Person: _____ Position: _____ Phone: _____

Previous Schools:

Name of School:	School Address:	Years Attended:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CURRENT SERVICES

HADRAN ACADEMY

4419 13th Avenue
Brooklyn, NY 11219

Phone: 718-210-1722
info@hadranacademy.org

HADRAN ACADEMY

Rabbi Mordechai Meisels
MSED, BCBA, LBA
Founder

Rabbi Aron D. Fried
MSED
Principal

Rabbi Shloime M. Weiss
MSED, BCBA, LBA
Director

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Brooklyn, NY 11219

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A. Department of Education:

☐ Approved ☐ Not receiving, will apply ☐ Not receiving due to ineligibility

☐ IEP ☐ IESP ☐ 10-month services ☐ 12-month services

Date of most recent IEP/IESP: _____ Date of last DOE evaluation: _____

Have you ever received services/reimbursement through the impartial Hearing Office? ☐ Yes ☐ No

Please list the agency, schools/school years, lawyers/advocates:

_____

B. ABA Services (through Insurance)

☐ Approved ☐ Not receiving, will apply ☐ Not receiving due to ineligibility

ASD Diagnosis Code: _____ Diagnosed By: _____

Date of Diagnosis: _____ Insurance Plan: _____

Please list the agency and the name of the BCBA:

_____

C. OPWDD

☐ Approved ☐ Not receiving, will apply ☐ Not receiving due to ineligibility

Name of Agency: _____ MSC: _____ Self Direction: ☐ Yes ☐ No

Services Approved: _____

D. HFLS

☐ Approved ☐ Not receiving, will apply ☐ Not receiving due to ineligibility

Additional Information

What do you expect from Hadran Academy (Yeshiva)?

_____

_____

_____

Please share any data that might be beneficial for us to know.
(ie. home situation, family history, behavioral issues…)

_____

_____

_____

References

Reference Name: _____ Relationship: _____ Phone: _____

Reference Name: _____ Relationship: _____ Phone: _____

Reference Name: _____ Relationship: _____ Phone: _____

I hereby affirm that all the information I have given is true to the best of my knowledge.

_____	_____	_____
Parent/Guardian Signature	Parent/Guardian Name	Date
_____	_____	_____
Parent/Guardian Signature	Parent/Guardian Name	Date