



VANCOUVER TALMUD TORAH

998 West 26th Avenue, Vancouver, BC V5Z 2G1

Tel. 604.736.7307

Fax 604.736.9754

www.talmudtorah.com

APPLICATION FORM

Please check one: My child is a sibling of a currently enrolled student new registration

Date: _____

Student # _____
(Office Use Only)

Entering Grade: _____

Gender: Male Female

Child's Surname: _____

First Name: _____

Middle Name: _____

Name Used: _____

Birth date: Year _____ Month _____ Day _____

Birth Province: _____ Birth Country: _____

Primary Home Language: _____ Care Card #: _____

Home Address: Apt./Suite # _____ House # _____ Street: _____

City: _____

Postal Code: _____

Home Tel. No. _____ Home Email: _____

Status in Canada: Citizen Permanent Resident Work Permit Other

Arrival Date in Canada (if applicable) _____

FOR PRESCHOOL & KINDERGARTEN ONLY

Please Check One: 3 Year Old Program 4 Year Old Program Kindergarten

For preschool programs, which session would you prefer: AM PM No Preference

Would you enroll your child in the alternate class (AM or PM) if your first choice is unavailable? Yes No

(Signature of Parent/Guardian)

"And you shall teach your children diligently....." Deuteronomy 6:7



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| PARENT 1 | PARENT 2 |
|--------------|--------------|
| NAME: | NAME: |
| HEBREW NAME: | HEBREW NAME: |
| BIRTHPLACE: | BIRTHPLACE: |

The Vancouver Talmud Torah is concerned with the total development of your child—socially, emotionally, physically and intellectually. Please complete the following information to better understand your child and his/her particular needs.

FAMILY AND SOCIAL HISTORY

1. Child's Previous Education

| | CHILD'S PREVIOUS EDUCATION | AFTERNOON HEBREW SCHOOL | PRESCHOOL/DAYCARE |
|----------------|----------------------------|-------------------------|-------------------|
| NAME OF SCHOOL | | | |
| ADDRESS | | | |
| DATES ATTENDED | | | |
| GRADE(S) | | | |

2. Please list all your children and others in the household. Start with the oldest.

| NAME | BIRTHDATE YEAR/MONTH | GENDER | AT HOME? | AT SCHOOL? | BY OTHER MARRIAGE? |
|------|----------------------|--------|----------|------------|--------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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3. For those children not living at home, indicate:

| NAME | YEAR LEFT | REASON |
|------|-----------|--------|
| | | |
| | | |

4. Does anyone else live in the home with you?

Yes No

If yes, relationship to child: _____

5. In how many different locations has your child lived? _____

List names of different cities, if applicable: _____

6. Have there been any major events in your family such as divorce, death, accidents, illnesses which might have affected the emotional well-being of your child? Is so, please explain.

JEWISH BACKGROUND

Synagogue Affiliation: _____

Organizational Affiliation—Jewish and General:

PARENT 1:

PARENT 2:

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PARENTS' FORMAL JEWISH EDUCATION—TYPE OF SCHOOL AND YEARS ATTENDED:

PARENT 1: _____

PARENT 2: _____

INFORMAL JEWISH EDUCATION (YOUTH GROUPS, SUMMER CAMPS, ISRAEL PROGRAMS, ETC.)

PARENT 1: _____

PARENT 2: _____

HEALTH HISTORY

1. Is your child taking any medication, or is s/he on any therapeutic diet? (Please indicate)

2. Is there any other pertinent medical information about the child that would in any way limit or affect the child's school activities?

3. Is there any other information regarding your child's development and behaviour of which we should be aware? (i.e., unusual eating or sleeping routines, disciplinary problems, nervous habits, special skills or talents, artistic or athletic abilities, etc.?)

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THE VTT COMMUNITY

Grandparents love to know what is going on in the lives of their grandchildren. If you would like grandparents or other relatives to receive our weekly Hadashot (newsletter), invitations to events like our annual Channukah concert, and video and slideshows of school events, please provide the following information for each recipient:

Name: _____

E-mail address: _____

Relationship to child (e.g., maternal grandfather): _____

Name: _____

E-mail address: _____

Relationship to child (e.g., maternal grandfather): _____

Please check items you would like the recipient to receive:

- Weekly Hadashot
- Invitations to school events specific to your child
- Special event slideshows and videos

For Office Use Only:

Birth Certificate Presented: Yes No

Completed Immunization Form Presented: Yes No

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CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

As part of our comprehensive admissions process, we require this information in order to ensure accuracy in class placements.

Student's Full Name: _____

Birth Date: Year _____ Month _____ Day _____

Prior School(s) Attended: _____

I HEREBY AUTHORIZE THE VANCOUVER TALMUD TORAH TO:

- obtain information and/or records from other schools and school personnel
- discuss pertinent information with representatives from appropriate agencies and educational institutions on a strictly confidential basis.

Parent/Guardian Signature: _____

Address: _____

Postal Code: _____

Telephone Number: _____

Email Address (please print): _____

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The following are suggested formats for Student Registration Forms to verify parental/legal guardian lawful admissions to Canada and residency in British Columbia. This information must be included in the student records.

LEGAL RESIDENCY OF PARENT—FORM A

(if parents are deceased, use Form B)

To be completed and signed by a parent or legal (court-appointed) guardian. (If legal guardian, attach copy of court order appointing you as legal guardian).

(Lawfully Admitted into Canada)

I am (please X one):

- A Canadian citizen (if not born in Canada, please attach a photocopy of citizenship (paper/card))
- A landed immigrant (attach photocopy of landed immigrant status paper)
- Lawfully admitted into Canada under one of the following documents (please mark the appropriate box below and attach photocopy of document):

- Admission as a refugee claimant
 - A person claiming refugee status who has no letter of objection
 - Student authorization (student visa) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
 - Employment authorization (working permit) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
 - A person carrying out official duties as a diplomatic or consular official (with a foreign representative acceptance counterfoil in his/her passport)
 - Other—Document description: (must be cleared with Immigration Canada)
-
-

(Residency in British Columbia)

I am a resident of British Columbia (please X one):

Yes Residency Address: _____

No I am not a resident of British Columbia

Parent/Legal Guardian's Name: _____

Parent/Legal Guardian's Signature: _____

Date: _____

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