

FAMILY INFORMATION:

	English Name & Hebrew Name	Occupation	Employer
Parent #1 (& Partner if applicable)			
Parent #2 (& Partner if applicable)			

Marital Status: Married____ Divorced____ Separated____ Widowed____

Parent #1 Address:

Street _____ City _____ Province _____ Postal Code _____ Country _____

Parent #2 Address:

Street _____ City _____ Province _____ Postal Code _____ Country _____

Telephone Numbers: (Please include area code)

Mother's Home: _____ Mother's Cell: _____ Mother's Work: _____

Father's Home: _____ Father's Cell: _____ Father's Work: _____

Parent #1 Email: _____ Parent #2 Email: _____

Please complete the following if applicable:

With whom does the student live? _____

Information concerning the student should be sent to: _____

Who is financially responsible to the school for the student? _____

Please list other children in your family:

Name of Child / School Attending	Age	Date of Birth

Synagogue Affiliation: _____

ACADEMIC HISTORY

Tell us about your son/daughter - his/her academic interests, talents, hobbies or other interests.

Is your son/daughter strong in any academic area?

Is your son/daughter experiencing difficulty in any academic areas?

French Language Proficiency*

Number of years of study at his/her previous school(s):

- Level of study: Core _____ (# years)
 Enriched _____ (# years)
 Immersion _____ (# years)

We would prefer that our son/daughter enroll in:

- Core French Language
 Extended French Language

* A French placement test may be required.

Hebrew Language Proficiency*

Number of years of study at his/her previous school(s):

- Level of study: Day School _____ (# years)
 Afternoon School _____ (# years)
 Israel _____ (# years)

We expect that our son/daughter will:

- Be able to handle the regular Hebrew program for day school students
 require a Hebrew preparatory track program

* A French placement test may be required.

Special Education:

- Check this box if your child has ever received Special Education Resource assistance.
 Check this box if your child has ever had an IEP. If yes, please identify the exceptionality.

Freedom of Information Act

I hereby authorize the Ottawa Jewish Community School to use this information for the purpose of planning and reporting on my program of study and to release information upon my request or that of my parent or guardian as appropriate. Each student's OSR (Ontario Student Record) is located in the school office and may be accessed by the student and by the parent/guardian for students under 18 years.

STUDENT SIGNATURE: _____

DATE: _____

PARENT SIGNATURE: _____

DATE: _____

TUITION RATES & DEPOSIT: School policy requires that in order to be considered for the priority admission list, this application **MUST BE ACCOMPANIED BY A \$300.- NON-REFUNDABLE AND NON-TRANSFERABLE DEPOSIT AND A COPY OF THE CHILD'S BIRTH CERTIFICATE.** Please see fee schedule. The deposit will be credited as part of the tuition fee.

There will be a fee equivalent to two months tuition if a student is withdrawn during the school year.

PAYMENT: There is a schedule of payments, either in a lump sum or in postdated cheques, and you will be advised of the specific dates and terms. Parents who cannot pay the full fees are requested to contact Shelley Crawford, Chief Financial Officer of the Jewish Federation of Ottawa to obtain a Tuition Assistance Form which will be reviewed confidentially by a special committee.

CONDITIONS AND AGREEMENT OF ENROLLMENT

We agree to abide by the rules and regulations set forth by the Ottawa Jewish Community School. We agree to pay the tuition fee that OJCS sets forth, or the adjustment of that fee by the Financial Committee.

If we, our emergency contact(s), or our physician (as shall be noted on our School Emergency Card) cannot be reached in case of medical/surgical emergency, we hereby give permission to the physician or hospital selected by the school or its selected representative, to hospitalize, secure proper treatment for, and/or to order injection, anaesthesia or surgery for our child as named above. We understand that any cost will be our responsibility.

We agree to abide by the conditions of enrollment as outlined above.

DATE _____ SIGNATURES _____

(Mother)

(Father)

