



YITZHAK RABIN HIGH SCHOOL

APPLICATION FOR ADMISSION

2010 - 2011 ACADEMIC YEAR

APPLICANT'S NAME _____ DATE OF BIRTH _____
(YYYY/MM/DD)

APPLICANT'S HEBREW NAME _____

NATIONALITY _____ PLACE OF BIRTH _____

SCHOOL PRESENTLY ATTENDING _____ PRESENT GRADE _____

SCHOOL ADDRESS _____

SCHOOL PHONE _____ LENGTH OF ATTENDANCE _____

NAME OF RELIGIOUS SCHOOL (IF NOT A DAY SCHOOL STUDENT) _____

ADDRESS _____

PHONE _____ LENGTH OF ATTENDANCE _____

APPLICANT'S FATHER

NAME: _____

HEBREW NAME: _____

ADDRESS: _____

_____ POSTAL CODE: _____

TELEPHONE: () _____

E-MAIL: _____

OCCUPATION: _____

BUSINESS PHONE: () _____

APPLICANT'S MOTHER

NAME _____

HEBREW NAME: _____

ADDRESS: _____

_____ POSTAL CODE: _____

TELEPHONE: () _____

E-MAIL: _____

OCCUPATION: _____

BUSINESS PHONE: () _____

SIBLINGS:

NAME _____ AGE _____ SCHOOL _____

NAME _____ AGE _____ SCHOOL _____

NAME _____ AGE _____ SCHOOL _____

SYNAGOGUE AFFILIATION _____

What language is spoken at home? _____

The Student's parents are currently Married Divorced Separated Widowed

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? _____

Indicate if father or mother is remarried and the name of stepparent(s) _____

MEDICAL HISTORY

Allergies: _____

Medications: _____

Does the student have any medical condition of which the school should be aware of?

NO

YES ±Specify: _____

Please note any physical disabilities, behavioral and/or emotional problems:

Physician's Name: _____ Telephone: _____

Physician's Address: _____

Student's Ontario Health Card Number: _____

EMERGENCY CONTACT

Name: _____

Home phone: () _____ Work phone: () _____

Address: _____

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 area?

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:

- EXTENDED FRENCH (French language + History & Geography in French)
- CORE FRENCH

*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 Hebrew placement test may be required.

Special Education

- Check this box if you have ever received Special Education Resource assistance
- Check this box if you have ever been IPRC.'d. If yes, please identify the exceptionality.

YITZHAK RABIN HIGH SCHOOL

Freedom of Information Act

I hereby authorize Yitzhak Rabin High 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:

***REGISTRATION DEPOSIT OF \$300.00 MUST ACCOMPANY THIS FORM
(Non-Refundable)
PLEASE SUBMIT APPLICATION BY MARCH 31, 2010
2010-2011 Tuition \$10,250 (\$9,750 plus a \$500 laptop maintenance fee)**

Full Disclosure

As of September 1,1999 the Ontario Student Transcript (OST) will reflect the student's percentage grade and credits earned for all courses successfully completed from grades 9 to 12. In addition, all other courses attempted but not passed in grades 11 to 12 will be reflected on the OST.

