



215 CLINE AVE. NORTH, HAMILTON, ONTARIO L8S 4A1

Tel: (905) 529-7725 Fax: (905) 529-9694

Email: office@kehilaschool.ca

Web site: www.kehilaschool.ca

Beneficiary of **Hamilton Jewish Federation**

Generously supported by **The Weisz Family Foundation**

The Beth Jacob Synagogue and Temple Anshe Sholom

Please print or type

Application for Admission

Student Profile

Last Name _____ First Name _____ Middle Name _____

Hebrew Name _____ Date of birth (M/D/Y) _____ Male Female

Current Grade _____ Applying for Grade _____ School Year _____

Home Address _____ Apt.# _____ City _____

Province _____ Postal code _____ Phone _____ email _____

Child lives with: both parents mother father other

Parent Information # 1

Mr Mrs Ms Dr Rabbi Other

Last Name _____ First Name _____ Hebrew Name _____

Home Address _____ Apt.# _____ City _____

Province _____ Postal code _____ Cell _____ email _____

Occupation _____

Parent Information # 2

Mr Mrs Ms Dr Rabbi Other

Last Name _____ First Name _____ Hebrew Name _____

Home Address _____ Apt.# _____ City _____

Province _____ Postal code _____ Cell _____ email _____

Occupation _____

Marital status of parents (check one): Married Separated Divorced Widowed Other

Student lives with (check one) Both parents Parent 1 Parent 2 Other

If parents are not living in the same household, are there shared custody arrangements? Yes No

Congregational Affiliation _____



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Student's Status in Canada

Canadian Landed Immigrant Other (Please explain) _____
 Place of Birth _____ Language spoken at home _____

Nursery School or School previously attended

Secular school(s)	_____	_____	_____
	School	Grade(s)	Date (from - to)
	_____	_____	_____
	School	Grade(s)	Date (from - to)
Jewish school(s)	_____	_____	_____
	School	Grade(s)	Date (from - to)
	_____	_____	_____
	School	Grade(s)	Date (from - to)

Siblings

Name: _____	Birthday m/d/y _____	M _____ F _____
Name: _____	Birthday m/d/y _____	M _____ F _____
Name: _____	Birthday m/d/y _____	M _____ F _____
Name: _____	Birthday m/d/y _____	M _____ F _____

Emergency Contacts

Physician's Name _____ Physician's Phone Number _____

Emergency Contacts (Family and/or Friends) (only to be contacted if Parent's unavailable)

Name	(1) _____	(2) _____
Relationship	(1) _____	(2) _____
Phone (daytime)	(1) _____	(2) _____



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Personal History

Information in this section will help the school plan appropriately for your child's education)

Physical: (e.g. allergies - topical and/or consumed (if anaphylaxis, ask the office for additional form), visual, hearing, medication):

Developmental: (previous educational or psychological testing)

Child's hobbies and extra-curricular interests:

Please include any further information that will help us understand your child:



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A deposit of \$600.00 payable to Kehila Jewish Day School is required with this application.

All deposits are non-refundable unless the school cannot accommodate your child.

Refund/Obligation Policy:

Total fees minus the first \$600.00 (non-refundable deposit) equal the balance of fees and will be calculated for any student as follows:

Written notification received prior to Aug 1 = 100%; prior to Sept 1 = 90%, prior to Oct 1 = 75%, prior to Nov 1 = 50%, prior to Dec 1 = 30%. After Jan 1 = 0%. Any balance owed by the parent(s) to Kehila Jewish Community Day School will be immediately due and payable.

In the event of expulsion any refund due to the parent(s) from Kehila Jewish Community Day School will be paid without interest.

I understand that on registration of my child at Kehila, payment of fees are my personal responsibility.

Signature of Parent or Legal Guardian _____ Date _____

Attachment Check List

1. Completed pre-registration form
2. Cheque for non refundable deposit of \$600.00 payable to Kehila Jewish Community Day School
3. Copy of your child's birth certificate
4. If not a Canadian Citizen, a copy of child's passport/student visa
5. A copy of your child's immunization record
6. A recent photograph of your child