



Respect.

Responsibility.

Reaching for Excellence.

31 Nadolny Sachs Private, Ottawa, ON K2A1R9
Tel: (613) 722-0020 Fax: (613) 722-7346
Website: www.theojcs.ca

Application for Admission

Student Profile:

Last name: _____ First name: _____ Middle name: _____

Hebrew name: _____ Gender: Male Female Date of birth: (mm/dd/yy): ___/___/___

Applying for Grade: ___ School year: _____ Health card number or Health Plan Number: _____

Name of child's doctor: _____ Phone: () _____

Does your child suffer from allergies? Yes No If yes please list: _____

_____ Does your child carry an EpiPen? _____

Once accepted to the school, every child will be issued an Emergency Card which must be completed.

Student's Status in Canada: Citizen: Landed Immigrant: Other Date of arrival in Canada (if applicable) _____

Languages spoken in the home _____ What language does your child speak most comfortably? _____

Parent Profile:

Parent 1: Mr _____ Mrs _____ Ms _____ Dr _____ Other _____

Name of parent: _____ Hebrew name of parent: _____

Mailing Address: _____ City: _____ Pr.: _____ Postal Code: _____

Phone: Home (____) _____ Work (____) _____ Cell (____) _____

Email: _____ Member of a synagogue: Yes No If yes, which one: _____

Parent 2: Mr _____ Mrs _____ Ms _____ Dr _____ Other _____

Name of parent: _____ Hebrew name of parent: _____

Mailing Address: _____ City: _____ Pr.: _____ Postal Code: _____

Phone: Home (____) _____ Work: (____) _____ Cell: (____) _____

Email: _____ Member of a synagogue: Yes No If yes, which one: _____

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

Custodial parent (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

Who is financially responsible to the school for the student? Both parents Parent 1 Parent 2

Student's name: _____

Sibling Profile:

Last name	First name	Age	School	Grade

School History:

Please list current and all former schools/daycares your child has attended:

School	From (date)	To (date)	Grades	City / Country

If your child is not currently attending a Jewish day school, please give details of Hebrew and Jewish education to date.

Has school been a positive experience for your child? Yes ____ No ____ Somewhat ____

Please describe: _____

Describe your child's interactions with peers: _____

Describe your child's response to classroom rules and routines: _____

What do you perceive to be your child's strengths? _____

Is your child experiencing difficulty in any academic areas? _____

Does your child have a psycho-educational assessment report, Individual Education Plan or Support Plan? Yes ____ No ____

If yes, please provide a copy with this application.

*When applicable, placement in Hebrew language or French language levels will be determined by our placement tests.

Student's Name: _____

Developmental History:

Has your child's vision been tested? Yes ____ No ____ Does your child wear glasses? Yes ____ No ____

Are there any concerns / needs related to your child's vision? Yes ____ No ____

If yes, please describe, including any treatment your child is receiving? _____

Has your child's hearing been tested? Yes ____ No ____ Does your child wear hearing aids? Yes ____ No ____

Are there any concerns / needs related to your child's hearing? Yes ____ No ____

Are there any concerns / needs related to your child's speech and language development? Yes ____ No ____

If yes, please describe, including any treatment your child is receiving: _____

Are there any concerns/ needs related to your child's fine or gross motor development? Yes ____ No ____

If yes please describe, including any treatment your child is receiving: _____

Are there any concerns / needs related to your child's behaviour? Yes ____ No ____

If yes, please describe, including any treatment your child is receiving: _____

Are there any significant medical, academic, social, emotional or family situations / stresses of which the schools should be aware? Yes ____ No ____

If yes please describe: _____

Student's name: _____

Please read carefully and sign/initial as required below:

An application fee of \$750.00 per family must accompany this application. This fee will be credited as part of the tuition fee. If your child is not accepted the fee will be refunded in full. **Acceptance to OJCS is dependent on an interview with the Head of School or his/her delegate.**

- a. If I withdraw my child any time before February 1, 2018, 40% of refund of tuition will be made.
- b. If I withdraw my child after February 1, 2018 there will be no refund of tuition.
- c. Report cards will be withheld pending final payment of all fees or payments due and the student may not be admitted to the following academic school year at the Board's discretion.
- d. Outstanding late fees may be subject to legal proceedings.

For all the financial information, please refer to "Tuition fees".

Freedom of Information Act

The information included in this application and any supporting documentation is strictly confidential. Should your child be registered as a student at The Ottawa Jewish Community School, this application and all supporting documentation will become part of your child's Ontario Student Record (OSR). A OSR file is kept for all students at OJCS. The OSR is an ongoing record of your child's progress through schools in Ontario. In accordance with the Education Act, the information in the OSR is "privileged for the information and use of supervisory officers and the Principal and teachers of the school for the improvement of instruction" of the student.

Photography Permission

We grant permission for photographs taken of our family members to be used in school newsletters, publicity articles, school website and other promotional materials. Full student names will ONLY be published in our annual yearbook.

Parent 1 initials: _____ Parent 2 initials: _____

Release of information

I authorize the Ottawa Jewish Community School to publish our family's name, address, phone number, and email in the Family Directory which is distributed solely to the parents of OJCS students.

Parent 1 initials: _____ Parent 2 initials: _____

Conditions and Agreement of Enrollment:

Adherence and compliance with:

- a) OJCS mission statement
- b) OJCS Parent and Student Handbook
- c) OJCS Policy Manual regarding the placement of a student

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

During an emergency OJCS has permission to select a physician or hospital to treat my child after and only after the emergency numbers noted on the school Emergency card cannot be reached.

During such emergency OJCS has permission to hospitalize, secure proper treatment and / or to order injection, anesthesia or surgery. Any cost will be the responsibility of parent(s) or guardian(s).

Parent (1) Signature: _____ Date: _____

Parent (2) Signature: _____ Date: _____

Spaces are limited. Please submit application as soon as possible.

Application Requirements:

Every application must include the following:

- Deposit of \$750 payable to OJCS
- A copy of your child's birth certificate (or passport)
- Two recent passport size photos of your child
- A copy of the City of Ottawa "Student Immunization Information"
- A copy of your child's latest report card (if entering any grade other than kindergarten)
- A copy of any IEP or Support Plan which is currently in place - if applicable
- If your child was born outside of Canada, a copy of Canadian citizenship or immigration documentation.

For Office Use Only:

Date Received: _____ Deposit Received: Yes ____ No ____ Amount: _____

Method of Payment: _____ Forwarded to Financial Office: _____

Other: _____