



31 Nadolny Sachs Private, Ottawa, ON K2A 1R9

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[www.theojcs.ca](http://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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.