



The Toronto Heschel School
בית הספר על שם השל

PAPER-CLIP
TWO PHOTOS
OF YOUR
CHILD HERE

Admissions Office: 819 Sheppard Ave. West, Toronto, Ontario, M3H 2T3
Tel: 416-635-1876 ext. 334 ♦ Fax: 416-635-1800 ♦ e-mail: admissions@torontoheschel.org

APPLICATION FOR ADMISSION

"Above all, remember...to build a life as if it were a work of art." A. J. Heschel

Student Profile:

Last name _____ First name _____ Middle name _____
Hebrew name _____ Date of birth (Month/Day/Year) _____ Gender: Male Female
Applying for grade _____ School year _____

Student's Primary Home Address:

Number and street _____ Apt.# _____
City _____ Province _____ Postal code _____
Phone _____ Email _____

Student's Status in Canada:

Citizen Landed immigrant Other Place of birth _____
Date of arrival in Canada (if applicable) _____ Language(s) spoken in the home _____
What language does your child speak most comfortably?

Parent Profile:

	PARENT 1 Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other _____	PARENT 2 Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other _____
Name of parent:	_____	_____
Hebrew name of parent	_____	_____
Mailing address:	_____	_____
Phone: Home	(____) _____	(____) _____
Work	(____) _____	(____) _____
Cell	(____) _____	(____) _____
E-mail:	_____	_____

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

Sibling Profile:

Last name	First name	Age	School	Grade
1.				
2.				
3.				
4.				

Medical Information:

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

Student's Ontario Health Card (OHIP) Number: _____

Does your child have any allergies? Yes No

If yes, please list: _____

Does your child have any other medical condition? Yes No

If yes, please list: _____

School History:

Please list current and all former schools / day-cares your child has attended:

School	From (date)	To (date)	Grades	City /Country
1.				
2.				
3.				

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

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

Please describe: _____

Has your child received any special services or remedial programming at school or in the community? Yes No

If yes, please describe: _____

Developmental History:

The Toronto Heschel School is concerned with the total development of your child – socially, emotionally, physically and intellectually. The following information is important to us so that we may better understand your child.

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: _____

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

If yes, please describe: _____

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 family situations / stresses of which the school should be aware? Yes No

If yes, please describe: _____

My child **HAS / HAS NOT** had an educational and/or psychological assessment (please circle one).

If there has been an assessment, please describe the reason for the assessment: _____

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? _____

PLEASE READ CAREFULLY AND SIGN:

An application fee of \$500 must be enclosed with this application. If your child is accepted following the admission process, this fee will be applied toward the tuition in the year of entry. If the child is not accepted, the fee will be refunded in full. If you withdraw your child before the completion of the admission process, an administrative fee of \$250.00 applies. Please make your cheque payable to The Toronto Heschel School.

The information included in this application and any supporting documentation is strictly confidential. During the admission process, access to this information will be restricted to the members of the admissions committee. Should your child be registered as a student at The Toronto Heschel School, this application and all supporting documentation will become part of your child's Ontario Student Record (OSR). An Ontario Student Record File is kept for all students at The Toronto Heschel School. The OSR is an ongoing record of your child's educational 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.

I / we understand acceptance of a place at The Toronto Heschel School signifies:

- Family acceptance of the ethos and values of the school
- Family disclosure of all special circumstances
- Acceptance of the right of the administration to determine class placement
- Family compliance with the school rules as published in the parent handbook and in other relevant school documents
- Family compliance with any agreed upon individual educational plan at The Toronto Heschel School.

I/we confirm that all information given in this application form is complete and correct and understand that the school reserves the right to cancel registration or enrolment if incomplete or incorrect information has been given.

Parent (1) Signature _____

Date: _____

Parent (2) Signature _____

Date: _____

If parents are divorced, the custodial parent must sign this application.

APPLICATION REQUIREMENTS:

Please include the following with your completed application:

- Deposit of \$500 payable to The Toronto Heschel School
- Two (2) recent passport size photos of your child
- A copy of your child's most recent report card
- A copy of your child's birth certificate
- If your child was born outside of Canada, a copy of
Canadian citizenship or immigration documentation
- A copy of your child's Ontario Health Card (OHIP)

FOR OFFICE USE ONLY:

Date application received _____

- Deposit
- Photos
- Report card
- Birth certificate
- Citizenship/Immigration
- OHIP card
- Other
- Acknowledged
