



APPLICATION FOR ADMISSION

Student's Last Name: _____ Current School: (if applicable) _____

Student's First Name: _____ Grade Applying For: _____

Hebrew Name: (if any) _____ School Year Applying For: _____

Date of Birth: _____ Include Home Phone on School Directory? Yes No
(dd/mm/yyyy)

Gender: _____

Version Code

Student Resides with (check one) Parent/Guardian 1 Parent/Guardian 2 Both Other

Student OHIP # _____

Parent/Guardian 1 Information

Name: _____

Home Phone: _____

Work Phone: _____ Ext: _____

Cell Phone: _____

Email: _____

Home Address: _____

City, Postal Code: _____

Employer & Occupation: _____

Work Address: _____

Parent/Guardian 2 Information

Name: _____

Home Phone: _____

Work Phone: _____ Ext: _____

Cell Phone: _____

Email: _____

Please check here if the same as Parent/Guardian 1

Home Address: _____

City, Postal Code: _____

Employer & Occupation: _____

Work Address: _____

Sibling Information

Sibling 1 Name: _____	Date of Birth: (dd/mm/yyyy) _____	Current School _____
Sibling 2 Name: _____	Date of Birth: (dd/mm/yyyy) _____	Current School _____
Sibling 3 Name: _____	Date of Birth: (dd/mm/yyyy) _____	Current School _____

Medical Information

Known Allergies: _____

Medical Conditions: _____

Medications: _____

Other Medical Information: _____

Please include whatever we need to know about your child (eg. Special needs, educational concerns or strengths)

PLEASE READ CAREFULLY AND SIGN WHERE INDICATED:

ADMISSION POLICY

Please note that the admissions process is an entirely discretionary one. Paul Penna DJDS makes the final decision to accept a student to the school. In certain circumstances, we may offer your child a trial or conditional enrolment. The details would be arranged between Paul Penna DJDS and the parents/guardians.

I/We agree to inform Paul Penna DJDS of all previous schools that my/our child has attended, and to release to Paul Penna DJDS all information and records from those schools. I/We also agree to provide the name(s) and contact information of any educational or mental health professionals who have worked with my/our child during the past two years and to release to Paul Penna DJDS all information and records from professionals.

I/We understand that Paul Penna DJDS relies on complete and accurate information in assessing any child's application for enrolment. All of the information I/we have provided here is accurate. I/We agree and accept all of the terms regarding tuition payments and admissions policy as described on this application form.

I/We understand acceptance of a place at Paul Penna DJDS signifies:

- Family disclosure of all special circumstances
- 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 program

Signature of Parent/Guardian 1

Date

Signature of Parent/Guardian 2

Date

PLEASE ENSURE THAT THE FOLLOWING DOCUMENTS ARE SENT TO THE SCHOOL WITH THE APPLICATION

- | | |
|---|--|
| ✓ Application | ✓ \$500.00 Initial Deposit made payable to Paul Penna DJDS |
| ✓ Medical Records and/or Assessment Forms | ✓ A copy of your child's most recent report card (if applicable) |
| ✓ A copy of your child's OHIP (Ontario Health) Card | ✓ If your child was born outside of Canada, proof of Canadian citizenship or immigration documentation |

TUITION SUBSIDY

Subsidy forms are available upon request from the Business Manager at 416-928-3537 x144. All applications are kept strictly confidential.