



**85 Stormont Avenue
TORONTO, ON M5N 2C3**

**T: 416-785-4044 F: 416-785-4046
SECRETARY@TIFERESBAISYAAKOV.COM**

APPLICATION FOR ADMISSION 2010-2011

Checklist for Application Submission



- \$150.00 Application Fee (\$200 after February 16th)
- 4 Passport Size Photos
- Copy of Hebrew & General Studies Report Card
From Grade 7, & Midterm Report Card from Grade 8
- Copy of Birth Certificate

APPLICATION FOR ADMISSION**TIFERES BAIS YAAKOV**
 85 Stormont Ave.
 Toronto, ON M5N 2C3
 416-785-4044

Please complete the entire application carefully, sign and return it with all the items listed on the cover page.
An incomplete application will not be processed. Please type or print clearly.

I wish to be admitted to Grade _____, in (month of enrollment) _____, (year of enrollment) _____.

APPLICANT

APPLICANTS'S NAME (LAST) HEBREW _____ ENGLISH _____	FIRST _____	M.I. _____	HEBREW NAME _____
APPLICANT'S NAME AS APPEARS ON BIRTH CERTIFICATE _____			
APPLICANT'S ADDRESS _____	CITY _____	PROV. _____	POSTAL CODE _____
HOME PHONE _____ ()	HOME EMAIL ADDRESS _____	APPLICANT'S SOCIAL INSURANCE NUMBER _____	
APPLICANT'S CELL PHONE _____ ()	APPLICANT'S EMAIL ADDRESS _____		
PRESENT SCHOOL _____	PRESENT GRADE _____		
PLACE OF BIRTH _____	CITIZENSHIP _____	YEAR OF ENTRY TO CANADA _____	DATE OF BIRTH _____ MM/DD/YYYY
AGE _____			

PARENTS

FATHER OR GUARDIAN'S NAME (LAST)	FIRST _____	M.I. _____	TITLE _____
FATHER'S ADDRESS (IF DIFFERENT FROM ABOVE) _____	CITY _____	PROV. _____	POSTAL CODE _____
FATHER'S EMPLOYER _____	OCCUPATION _____		
HOME PHONE _____ ()	CELL PHONE _____ ()	BUSINESS PHONE _____ ()	FAX NUMBER _____ ()
FATHER'S EMAIL ADDRESS _____	SYNAGOGUE AFFILIATION _____		
MOTHER'S NAME (LAST)	FIRST _____	M.I. _____	TITLE _____
MOTHER'S ADDRESS (IF DIFFERENT FROM ABOVE) _____	CITY _____	PROV. _____	POSTAL CODE _____
MOTHER'S EMPLOYER _____	OCCUPATION _____		
HOME PHONE _____ ()	CELL PHONE _____ ()	BUSINESS PHONE _____ ()	FAX NUMBER _____ ()
MOTHER'S EMAIL ADDRESS _____	SYNAGOGUE AFFILIATION _____		
PARENT'S MARITAL STATUS _____			

PLEASE LIST THE NAMES, AGES, SCHOOLS AND GRADES OF ALL CHILDREN IN THE FAMILY.

NAME	AGE	SCHOOL	GRADE

PLEASE LIST CHRONOLOGICALLY ALL OTHER SCHOOLS THAT APPLICANT HAS ATTENDED

NAME OF SCHOOL	GRADE & YEAR ENTERED	GRADUATED (Y OR N)

PLEASE LIST CHRONOLOGICALLY ALL SUMMER CAMPS THAT APPLICANT HAS ATTENDED

NAME OF CAMP	YEARS ATTENDED	POSITIONS HELD

LIST ANY OFFICES APPLICANT MAY HAVE HELD IN SCHOOL OR IN ANY ORGANIZATIONS:

LIST ANY SPECIAL TALENTS OR SKILLS:

LIST ANY WORK EXPERIENCE (I.E.: TUTORING, VOLUNTEERING, SUMMER JOBS OTHER THAN CAMP):

WHAT DO YOU THINK YOU CAN CONTRIBUTE TO TIFERES BAIS YAAKOV:

Torah Chinuch is a partnership between home and school, and it is crucial that we all work together to ensure a pleasant school experience. Therefore, all applicants and their parents are requested to carefully read the Student Handbook so that the expectations of a Tiferes Bais Yaakov student are clearly understood.

DATE: _____ APPLICANT'S SIGNATURE: _____

MOTHER'S SIGNATURE: _____ FATHER'S SIGNATURE: _____

THE FOLLOWING MUST BE INCLUDED WITH THIS APPLICATION:

- Application fee of \$150.00 (cheque made out to Tiferes Bais Yaakov)
- Four passport size photos with Hebrew and English name on the back
- Copy of Hebrew & General Studies Report Card from Grade 7, & Midterm Report Card from Grade 8
- Copy of Birth Certificate

PLEASE NOTE:

For applications submitted after February 16th, 2010, the Application Fee is \$200.00

INCOMPLETE OR UNSIGNED APPLICATIONS WILL NOT BE PROCESSED.

FOR OFFICE USE ONLY

INTERVIEW: _____

ENTRANCE EXAM SCORES:

FRENCH		BEKIUS	
ENGLISH		HALACHA	
MATH		NAVI	
SAFA		CHUMASH	

APPLICATION RECEIVED _____ INTERVIEW DATE _____ RESPONSE SENT _____

ACCEPTED _____ NOT ACCEPTED _____ DEPOSIT SENT _____



**APPLICATION FOR ADMISSION
PERSONAL INFORMATION**

Please note: In order to provide the most appropriate educational environment for your daughter, it is crucial for the school to have a full picture of your daughter's educational and medical background.

APPLICANT'S NAME: _____

Please indicate "Not applicable" where necessary.

I. Medical History and Information:

1. Please list all medications that your child takes on a regular basis, including non-prescription drugs and vitamins.

Name of Drug/Vitamin - Frequency

2. Please list all major operations/surgeries relevant to school life and activities.

II. Educational Information:

1. Has your daughter ever been assessed educationally or psycho-educationally?
(If yes, please provide details and reports)

III. Are there any issues or special circumstances that you would like to discuss at the time of the interview? Yes No

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date: _____