

VANCOUVER HEBREW ACADEMY
1545 West 62nd Avenue, Vancouver, B.C. V6P 2E8

STUDENT REGISTRATION FORM
PLEASE PRINT

STUDENT INFORMATION:

Date Student Started: _____

Student: _____
(last) *(All Names as listed on Birth Certificate)*

Hebrew Name: _____

Grade (in September): _____

Home Phone No. _____ **Cell No.** _____

Home Address: _____
(Apt./Street Number & Name)

(City) *(Province)* *(Postal Code)*

Email address: _____

Birthdate: _____ **Hebrew Birthday:** _____
(Year-Month-Day)

Male: ____ **Female:** ____

Place of Birth: _____

Birth Certificate No. _____ (attach copy)

Language Spoken at Home: _____

Last School Attended: _____

Contact Information: _____

Other Schools Attended: _____

Citizenship: *(Complete only if not born in Canada)*

Canadian **Landed Immigrant** **Student Permit**

Certificate No. _____ (attach copy) **Expiry** _____

PARENT'S INFORMATION:

Father: _____
(Last Name) (First & Middle) (Hebrew)

Employer: _____ **Occupation:** _____

Work Phone No. _____

Hebrew Education: _____

Synagogue Affiliation: _____

Citizenship: *(Complete only if not born in Canada)*

Canadian Landed Immigrant Student Permit

Certificate No. _____ *(attach copy)* **Expiry** _____

Mother: _____
(Last Name) (First & Middle) (Hebrew)

Employer: _____ **Occupation:** _____

Work Phone No. _____

Hebrew Education: _____

Synagogue Affiliation: _____

Citizenship: *(Complete only if not born in Canada)*

Canadian Landed Immigrant Student Permit

Certificate No. _____ *(attach copy)* **Expiry** _____

NAMES OF OTHER SIBLINGS:

(Name) (Age) (School Attending)

(Name) (Age) (School Attending)

(Name) (Age) (School Attending)

(Name) (Age) (School Attending)

Parent's Signature: _____ **Date:** _____

SCHOOL SERVICE:

In a small school like ours the need for help from the parents is important in allowing us to provide the best possible programming for our students. Our family participation/school service program requires each family to contribute 18 hours of time assisting in various school programs throughout the school year. **All families must participate.** There are literally dozens of service opportunities available, the PTA coordinates these activities. Please note that **ALL VHA families** must assist in our annual Purim Mishloach Manot Project and help deliver packages. Accompanying your registration form please submit a **cheque for \$450** made out to VHA postdated June 1, 2017, and please write *school service* in the memo line. **If you fulfill your obligations this will not be cashed.** Thank you for your cooperation.

SCHOOL PHOTOGRAPHS:

Throughout the course of the school year, teachers and staff will take photographs in and around the school. These will most-often be used to showcase programs and events to parents in the school. At times these images will be used as part of advertising or promotional materials, including the VHA website.

If you would prefer that your child's image not be included in this way, please email the VHA office at office@vhebrewacademy.com. Please include your child's name and grade.

SOCIETY MEMBERSHIP:

The Board of Directors encourages all VHA families to join the Vancouver Hebrew Academy Society. To be a voting member of the Society, please complete the information below and remit it along with **\$1 for the annual membership fee**, (as per the British Columbia Society Act), to the VHA office.

Name: _____

Address: _____

Signature: _____ **Date:** _____

EMERGENCY INFORMATION FORM

VANCOUVER HEBREW ACADEMY

1545 West 62nd Avenue, Vancouver, B.C. V6P 2E8

PLEASE PRINT CLEARLY

Student Name: _____
(Legal Last Name) (Legal First)

Grade: _____ Male Female

Medical Card No. _____

Birthdate: Year _____ Month _____ Day _____

Parents Names: _____

Home Phone No. _____

Address: _____

Father's Daytime No. _____

Mother's Daytime No. _____

ALTERNATE PERSON(S) TO CONTACT IF PARENTS CANNOT BE REACHED <i>(if possible, within close proximity of the school)</i>	
Name: _____	Address: _____
Home Phone _____	Daytime Ph. _____
Name: _____	Address: _____
Home Phone _____	Daytime Ph. _____

Doctor's Name: _____ **Phone No.** _____

Dentist's Name: _____ **Phone No.** _____

Special Conditions, Allergies or Medical Alert: (Please use reverse side if more space is required).

The purpose of this form is to enable the parent of a student to make the school aware of any medical condition the student has that might be affected by, or, that might prevent him/her engaging in any student activity. And to provide the school with the telephone numbers where the parent and emergency contact can be reached in the event of an emergency. The information supplied on this form is to be regarded as strictly confidential and shall be made available only to appropriate persons as deemed necessary by School Administration.

Please Note: The responsibility lies with the parents to advise the school if any change occurs in the medical or physical condition of the student.

(Please check (✓) each statement, then sign and date at bottom)

I give my consent for the school to initiate a hospital visit in case of emergency if I cannot be reached.

I give my consent for my child to be involved in drop-in visits by the Vancouver Health Dept. Staff.

I give my consent for my child to go on a field trip within walking distance of the school.

Parent's Signature _____

Date: _____

Legal Residency of Parent – FORM A

(if parents are deceased, use Form B)

To be completed and signed by a parent or legal (court-appointed) guardian. (If legal guardian, attach copy of court order appointing you as legal guardian).

1. I am (please ☐one):

- A Canadian citizen (if not born in Canada, please attach photocopy of citizenship paper/card).**
- A landed immigrant (attach photocopy of landed immigrant status paper)**
- Lawfully admitted to Canada under one of the following documents.** (Please mark the appropriate box below and attach photocopy of document).
 - Admission as a refugee claimant**
 - A person claiming refugee status who has a letter of no objection**
 - Student authorization (student visa) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years).**
 - Employment authorization (working permit) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years).**
 - A person carrying out official duties as a diplomatic or consular official (with a foreign representative acceptance counter foil in his/her passport).**
 - Other – Document description: _____**

(Must be cleared with Immigration Canada)

2. I am a resident of British Columbia (please ☐one):

Yes

Residency Address:

No, I am not a resident of British Columbia

3. Parents/Legal Guardian:

Name: _____ **Signature** _____

Name: _____ **Signature** _____

Date: _____