



STUDENT REGISTRATION FORM
PLEASE PRINT

STUDENT INFORMATION:

Start Date: _____

Student: _____
(Legal Last Name) (Legal First Name) (All names as listed on Birth Certificate)

Preferred Name: _____ **Hebrew Name:** _____

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

Grade (in September): _____ **Male** **Female**

Place of Birth: _____ **Birth Certificate No.** _____ (attach copy)

Language Spoken at Home: _____

Last School Attended: _____

Contact Information of School: _____

Other Schools Attended: _____

Home Phone No. _____ **Primary Contact Cell No.** _____

Primary Contact Email: _____

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

(City) (Province) (Postal Code)

Citizenship: (Complete only if not born in Canada)

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

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

Medical Card No. _____

PARENT'S INFORMATION:

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

Cell: _____ **Email:** _____

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)*

Cell: _____ **Email:** _____

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 PAC coordinates these activities. Accompanying your registration form please submit a **cheque for \$450** made out to VHA postdated June 1, 2023, 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 and social media, 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:

Parents of children enrolled in the school or preschool are deemed to be members of the VHA Society as long as their children are enrolled. The Society does not have membership fees.

Name: _____

Address: _____

Signature: _____ **Date:** _____