



# Shalhevet Girls High School

Office of Operations:  
 785 West 16<sup>th</sup> Avenue Vancouver, BC V5Z 1S8  
 Phone (604) 568-9250 Email: office@shalhevet.ca

## APPLICATION FOR ADMISSION

YEAR APPLYING FOR: 20\_\_\_\_ ENTERING GRADE: \_\_\_\_\_

PLEASE TYPE OR PRINT CLEARLY

### APPLICANT

APPLICANT'S NAME (LAST)		FIRST	M.I.	HEBREW NAME
APPLICANT'S ADDRESS			APT #	CITY
PROV.	POSTAL CODE		HOME PHONE	
PRESENT SCHOOL			PRESENT GRADE	
PLACE OF BIRTH		DATE OF BIRTH (Y/M/D)	SOCIAL INSURANCE	

### PARENTS

FATHER'S OR GUARDIANS'S NAME (LAST)		FIRST	M.I.	TITLE
FATHER'S ADDRESS (IF DIFFERENT FROM ABOVE)		CITY	PROV	POSTAL
FATHER'S OCCUPATION		EMPLOYER'S NAME	COMPANY NAME	
HOME PHONE	WORK PHONE		CELL PHONE	EMAIL
MOTHER'S OR GUARDIAN'S NAME (LAST)		FIRST	M.I.	TITLE
MOTHER'S ADDRESS (IF DIFFERENT FROM ABOVE)		CITY	PROV	POSTAL
MOTHER'S OCCUPATION		EMPLOYER'S NAME	COMPANY NAME	
HOME PHONE	WORK PHONE		CELL PHONE	EMAIL
SYNAGOGUE AFFILIATION	SYNAGOGUE RABBI		LOCATION	
PARENTS AFFILIATION WITH JEWISH ORGANIZATIONS (RELIGIOUS/COMMUNAL/EDUCATIONAL, ETC)				

**INDICATE TWO INDIVIDUALS WHO MAY BE CALLED IN CASE OF EMERGENCY, OR IF PARENTS CANNOT BE REACHED**

NAME	HOME NUMBER	CELL NUMBER
NAME	HOME NUMBER	CELL NUMBER

**SIBLINGS**

NAME	SCHOOL	AGE	GRADE

**EDUCATION HISTORY**

LIST CHRONOLOGICALLY ALL THE SCHOOLS THAT APPLICANT HAS ATTENDED

NAME OF SCHOOL	CITY	DATES OF ATTENDANCE	GRADUATED (Y OR N)

WHAT SUBJECTS DOES THE APPLICANT LIKE THE BEST?
WHAT SUBJECTS HAVE BEEN MOST CHALLENGING FOR THE APPLICANT?

**LIST CHRONOLOGICALLY THE SUMMER CAMPS THAT APPLICANT HAS ATTENDED**

NAME	CITY, PROVINCE/STATE	DATES ATTENDED

**COMMUNITY/SCHOOL ORGANIZATIONS AND/OR EXTRA CURRICULAR ACTIVITIES THE APPLICANT PARTICIPATES IN:**

NAME OF ORGANIZATION/EXTRA CURRICULAR ACTIVITY	DATES

**LIST ANY AWARDS/CERTIFICATES, SCHOLARSHIPS, AND/OR PRIZES APPLICANT HAS RECEIVED**


**LIST HOBBIES: MUSIC, ART, OR ATHLETICS**


**LIST ANY SPECIAL NEEDS APPLICANT MAY HAVE (PHYSICAL, SOCIAL, EMOTIONAL, ETC.)**


**REFERENCES**

RABBI OF SYNAGOGUE (NAME)	ADDRESS	CITY	STATE/PROVINCE	ZIP/POSTAL CODE	PHONE NUMBER
PRESENT PRINCIPAL (NAME)					
PRESENT GENERAL TEACHER (NAME)					
PRESENT JUDAIC TEACHER (NAME)					
OTHER REFERENCE (NON-FAMILY MEMBER)					

**AUTHORIZATION**

IT IS UNDERSTOOD THAT THE REGISTRATION OF ALL STUDENTS ADMITTED TO SHALHEVET HIGH SCHOOL IS SUBJECT TO THE STUDENT'S WILLINGNESS TO ADHERE TO THE RULES AND EXPECTATIONS OF THE SCHOOL AS OUTLINED IN THE STUDENT HANDBOOK. STUDENTS AND PARENTS ARE REQUIRED TO SIGN THE DECLARATION AT THE BACK OF THE HANDBOOK ACCEPTING THE PRINCIPLES OF THE SCHOOL REGARDING ACADEMIC AND BEHAVIOURAL GUIDELINES. IT IS THE RESPONSIBILITY OF THE STUDENT TO FAMILIARIZE HERSELF WITH THE RULES AND REGULATIONS OF THE SCHOOL. STUDENTS ARE EXPECTED TO UPHOLD THE MORAL PRINCIPLES AND GOOD NAME OF THE SCHOOL AT ALL TIMES – BOTH IN SCHOOL AND IN THEIR OUTSIDE ACTIVITIES.

I HEREBY CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS COMPLETE AND ACCURATE.

PARENT/GUARDIAN SIGNATURE:

DATE:

APPLICANT SIGNATURE:

DATE: