



Motivating students so that they will become independent thinkers, leaders, and life-long learners, living an inspired, Torah-true life.

## NEW STUDENT APPLICATION FOR ADMISSION

*PLEASE TYPE OR PRINT CLEARLY*

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

**APPLICANT**

APPLICANT'S LAST NAME		FIRST NAME	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 NUMBER	

**PARENTS**

FATHER'S OR GUARDIANS'S LAST NAME		FIRST NAME	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 LAST NAME		FIRST NAME	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)**

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**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 CHALLENGING FOR THE APPLICANT?



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

NAME	CITY, PROVINCE/STATE	DATES ATTENDED

**IN WHICH ORGANIZATIONS AND/OR EXTRA CURRICULAR ACTIVITIES HAS THE APPLICANT PARTICIPATED IN SCHOOL/COMMUNITY?**

NAME OF ORGANIZATION/EXTRA CURRICULAR ACTIVITY	DATES

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


**LIST HOBBIES: MUSIC, ART, ATHLETICS, ETC.**


**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)					



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**REFERENCES CONT.**

OTHER REFERENCE (NON-FAMILY MEMBER)					
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**AUTHORIZATION**

IT IS UNDERSTOOD THAT THE REGISTRATION OF ALL STUDENTS ADMITTED TO SHALHEVET GIRLS 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:



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## Parent Association Council and School Service

Shalhevet offers our students a variety of fun and educational opportunities throughout the year. Your participation and school service will enhance these programs and opportunities. As part of your PAC commitment, each family is required to contribute **10 hours** of time assisting in various school functions throughout the school year. **All families must participate.** Hours can include time spent cooking for school functions, driving students to/from school outings, volunteering at Shalhevet events, etc. Accompanying your registration form please submit a cheque for \$250 made out to Shalhevet Girls High School, postdated June 1, 2022, and please write "School Service" in the memo line. If you fulfill your obligations, this will not be cashed. Thank you for your cooperation.

## Extra-Curricular and Supply Fee

Throughout the year, there will be different expenses for school supplies, services, or activities. Rather than charging you for each item or activity as they come up, Shalhevet asks each parent to pay \$500 for the year. Please choose your preferred method of payment:

One-time payment in August for \$500

- Cheque enclosed for the full amount
- Please run my credit card: Number \_\_\_\_\_ Exp \_\_\_\_\_ CVV \_\_\_\_\_
- Two payments, each for \$250: one in August and one in January
  - Appropriately dated cheques enclosed, each for \$250
  - Please run my credit card: Number \_\_\_\_\_ Exp \_\_\_\_\_ CVV \_\_\_\_\_

Signature: \_\_\_\_\_

## School Photographs and Videos; Social Media

Throughout the year, staff and students will take photographs of activities in and out of school that may be used in official Shalhevet Girls High School promotional capacity, both physical and online. This includes the SGHS newsletter, Facebook, Instagram, SGHS website, brochures, graduation slideshows, teacher presentations, etc. If you prefer your child's image not be included in any of these media, please email the office at: [office@shalhevet.ca](mailto:office@shalhevet.ca) to let us know.



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**EMERGENCY CONTACT INFORMATION 2021-2022**

*Please print carefully and legibly.*

Student's Legal First Name \_\_\_\_\_ Legal Last Name \_\_\_\_\_

Grade Entering: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Medical Card Number: \_\_\_\_\_

**Parent Information:**

Parents' Names: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Father's Daytime Number: \_\_\_\_\_

Mother's Daytime Number: \_\_\_\_\_

**Alternate Emergency Contact:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Student's Doctor:**

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

*Special conditions, allergies or medical alert: (please use reverse side if more space is required)*

\_\_\_\_\_  
\_\_\_\_\_

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: It is the parents' responsibility to advise the school if any change occurs in the medical or physical condition of the student.*

- 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 daughter to take non-prescription medications such as Tylenol, Advil, etc. for any minor ailments that require such medications from the school's supply.

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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### **DRIVING PERMISSION SLIP**

*Please print carefully and legibly.*

I, \_\_\_\_\_, give my daughter, \_\_\_\_\_,  
(Name of Parent or Guardian) (Name of Student)

permission to be driven by a staff member, parents, or a volunteer within or around the Vancouver area  
for field trips during the 2021-2022 school year.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)



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## LEAVING SCHOOL UNACCOMPANIED BY AN ADULT – PERMISSION SLIP

*Please print carefully and legibly.*

I, \_\_\_\_\_,

(Parent/Guardian Name)

\_\_\_\_\_ give permission

\_\_\_\_\_ do not give permission

for my daughter, \_\_\_\_\_,

(Student Name)

to leave campus while being accompanied by a group of at least one other Shalhevet students, or a parent, guardian, or school official during the school day, or if she has been officially dismissed. I understand that students must sign out during the school day and that failure to do so will result in immediate loss of all off-campus privileges. I understand that students must also check in with a staff member before leaving, as well as the other rules outlined in the Shalhevet Student Handbook under the “Student Safety – Permission to Leave Campus” section.

\_\_\_\_\_  
(Signature of Parent)

\_\_\_\_\_  
(Signature of Student)

\_\_\_\_\_  
(Date)





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### **SOCIETY MEMBERSHIP – 2021-2022 School Year**

The Board of Directors encourages all SGHS parents to join the Shalhevet Girls High School Society. To be a voting member of the Society, please complete the information below and remit it along with the \$1 for the annual membership fee, (as per the British Columbia Society Act), to the SGHS office.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_



**APPENDIX II**

The following are suggested formats for Student Registration Forms to verify parental/legal guardian lawful admission to Canada and residency in British Columbia. This information must be included in the student records.

**STATUS OF PARENT/GUARDIAN (ADMISSION TO CANADA AND RESIDENCY) - 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).

**(Lawfully Admitted into Canada)**

1. I am (please X one):

- A Canadian citizen (if not born in Canada, please attach a photocopy of citizenship paper/card)
- A Permanent Resident (landed immigrant) (attach photocopy of landed immigrant status paper or PR card)
- Lawfully admitted into Canada under the Immigration and Refugee Protection Act (Canada) with one of the following documents (please mark the appropriate box below and attach photocopy of document):
  - Admission as a refugee or refugee claimant
  - Valid student permit for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
  - Valid employment authorization (work 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 under the authority of the Visiting Forces Act or as an accredited diplomatic agent, preclearance officer, consular officer or official representative in Canada of a foreign government with a consular post in British Columbia.
- Other - Document description: (must be cleared with Citizenship and Immigration Canada)

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**(Residency in British Columbia)**

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

- Yes    Residency address: \_\_\_\_\_  
\_\_\_\_\_
- No    I am not a resident of British Columbia

**Confirming signatures:**

3. Parent/Legal Guardian's name: \_\_\_\_\_  
 Parent/Legal Guardian's signature: \_\_\_\_\_  
 Date: \_\_\_\_\_