



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

RETURNING 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/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/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 |

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 |



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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 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)

(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: _____