



Jewish People's and Peretz School

Admission Form



Name of student: _____ Sex: _____

Hebrew name: _____

Medicare number: _____ Expiry: _____

Birth date: _____ Place of birth: _____

Address: _____

Home phone number: _____

Name of school presently (if applicable): _____

Name of school previously (if applicable): _____

What language does your child speak and understand? _____

Level: _____ School year: _____

Parent Information

Father	Mother
Name: _____	Name: _____
Occupation: _____	Occupation: _____
Workplace address: _____	Workplace address: _____
Cell: _____	Cell: _____
Email: _____	Email: _____

Other Children

Name: _____ Birth date: _____ Sex: _____

Name: _____ Birth date: _____ Sex: _____

Name: _____ Birth date: _____ Sex: _____

Why do you want to send your child to JPPS? _____

JPPS is a school that values parent participation. How do you see yourself participating at JPPS? _____



Please describe your child as an individual, explaining briefly what you believe are his/her strengths, and challenges.

If your child has had, or is receiving, enrichment or remedial support, please specify in what subjects and provide details on the time frame.

Has your child skipped or repeated a grade? Which grade?

Has your child been derogated? Yes No Does your child require a derogation? Yes No

Does your child have a diagnosed learning disability and/or behavioural issues? Yes No

If yes, please describe the disability (please include a copy of the psychological or educational assessment report).

The non-refundable admission fee is \$50.00. Please include cheque payable to JPPS-Bialik, or complete the credit card information below.

Credit Card Information

Mastercard VISA # _____ Expiry: _____ / _____
mo/yr

Cardholder's name (please print)

Cardholder's signature

Date