

**ASSOCIATION DES ÉCOLES JUIVES
ASSOCIATION OF JEWISH DAY SCHOOLS**

FLEXIBLE TUITION

File Number: _____

CONFIDENTIAL

**UNIFORM APPLICATION FOR TUITION AID ALLOCATION (T.A.A.)
SUPPORTED BY FEDERATION CJA**

Name of School: _____ Date: _____

School Year: 2011/2012

GENERAL INFORMATION

Family Name: _____ Home Telephone #: _____

Father's Name: _____
Last Name First Name

Mother's Name: _____
Maiden Name First Name

Family Address : _____

Previous address if changed in the last 2 years

Marital Status: Married Separated Divorced Widow/Widower Other

If you are separated or divorced, address of the other parent.

Children Living with: Both Parents Mother Father Other

Person Responsible for School Fees: _____

List all children below:

Name of child	Age	Name of educational institution currently being attended 2007/2008	Present Grade 2007/2008	Total Tuition Fees paid in 2007/2008	Living at home	
					Yes	No
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Total number of family members : _____

SPECIAL CIRCUMSTANCES

Please detail special circumstances in your family which create an extra financial burden :

REVENUE SOURCES

This section must be completed by both parents (regardless of marital status).

Complete the following for both:	<input type="checkbox"/> Father <input type="checkbox"/> Guardian	<input type="checkbox"/> Mother <input type="checkbox"/> Guardian
AN EMPLOYEE:		
Occupation		
Name of employer		
Address of employer		
Telephone number		
Years at this employment		
Current annual income : Gross		
	<input type="checkbox"/> Father <input type="checkbox"/> Guardian	<input type="checkbox"/> Mother <input type="checkbox"/> Guardian

IF SELF EMPLOYED:		
Nature of business/profession		
Name of firm		
Address of firm		
Telephone number		
Current annual income: Gross		
	<input type="checkbox"/> Father <input type="checkbox"/> Guardian	<input type="checkbox"/> Mother <input type="checkbox"/> Guardian

OTHER INCOME:		
Employment Insurance		
Quebec Childcare Allowance (Paid Quarterly)		
Canada Childcare Tax benefit (Paid Monthly)		
Federal Universal Childcare Benefit (Child under 6. \$100 paid Monthly)		
Rental Income		
Alimony / Child Support		
Welfare		
Student Grants		
Other		

