

**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: 2009/2010

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		

Father Guardian Mother Guardian

IF SELF EMPLOYED:		
Nature of business/profession		
Name of firm		
Address of firm		
Telephone number		
Current annual income: Gross		

Father Guardian Mother 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		

\$

WHAT WOULD YOU CONSIDER TO BE A FAIR FEE PER YEAR FOR YOUR FAMILY ?**NO APPLICATION WILL BE PROCESSED IF INCOMPLETE OR WITHOUT THE PRESENTATION OF ALL OF THE FOLLOWING DOCUMENTS. THE COMMITTEE RESERVES THE RIGHT TO REQUEST ANY OTHER DOCUMENTATION IT DEEMS NECESSARY.**

Enclosed:

Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Federal & Quebec personal income tax returns for the father for 2007.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Federal & Quebec assessments for the father for 2007.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Federal & Quebec personal income tax returns for the mother for 2007.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Federal & Quebec assessments for the mother for 2007.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Financial statements of your partnership, proprietorship or company.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Latest income tax returns and notices of assessment for your company.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Financial statements of all rental properties owned.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Schedule of charitable donations (2007)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RRSP Statement (s) - Total contributions to date.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Balances of Mortgages (Bank Statements).

PARENTS DECLARATION:

I/we declare that the information provided on this form is, to the best of my/our knowledge, complete, correct and true. I/we give permission to the school to verify the information reported herein. I/we give permission to the school to verify my/our credit situation and/or perform an independent audit.

Any unreported changes during the upcoming school year, incomplete or inaccurate information, may result in the review or the withdrawal, in part or in whole, of any tuition assistance allocation. ***I/we acknowledge that, in such a case, I/we are obliged to satisfy any revised payment terms or to withdraw my/ our children from the school.***

I/we are obliged to report any changes/improvements to our financial or economic situation during the school year. Failure to do so, may result in the termination of financial assistance or of educational services.

This application forms part of the contract between ourselves and the school.

Parent/Guardian signature: Father/Guardian: _____ Date: _____

Mother/Guardian: _____ Date: _____

FOR OFFICE USE ONLY: Date Received: _____ Received by: _____