



THE LEO BAECK DAY SCHOOL

36 Atkinson Ave
Thornhill, ON L4J 8C9
(905) 709-3636

1950 Bathurst St.
Toronto, ON M5P 3K9
(416) 787-9899

APPLICATION FOR ADMISSION

STUDENT INFORMATION

ACADEMIC YEAR COMMENCING SEPTEMBER _____ FOR GRADE: _____ CAMPUS: North South

SURNAME OF CHILD: _____ GIVEN NAME: _____

HEBREW NAME: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____

CITY: _____ POSTAL CODE: _____

FIRST LANGUAGE: _____ OTHER LANGUAGES: _____

HOME PHONE (____) _____ GENDER: M F

PARENT INFORMATION

PARENT/GUARDIAN A

PARENT/GUARDIAN B

FULL NAME _____

RELATIONSHIP TO STUDENT _____

OCCUPATION _____

EMPLOYER _____

BUSINESS PHONE _____

CELL PHONE _____

E MAIL ADDRESS _____

MARITAL STATUS
Married Divorced
Separated Widow(er) Other

SPOUSE
(IF NOT OTHER PARENT/GUARDIAN) _____

CUSTODY (if relevant)
(legal documentation required) Parent/Guardian A Parent/Guardian B Joint

ALUMNUS/A Yes No Yes No

EMERGENCY CONTACT INFORMATION (OTHER THAN PARENTS)

NAME _____

RELATIONSHIP TO STUDENT _____

HOME PHONE _____ CELL PHONE _____

NAME _____

RELATIONSHIP TO STUDENT _____

HOME PHONE _____ CELL PHONE _____

HEALTH HISTORY

1. STUDENT'S HEALTH CARD NUMBER: _____

2. PHYSICIAN: _____ PHONE NUMBER: _____

3. Please provide pertinent medical information about your child. (i.e. allergies, visual, hearing, etc.) _____

FAMILY AND SOCIAL HISTORY

1. **CHILD'S PREVIOUS EDUCATION:**

School _____	School _____
Dates Attended _____	Date Attended _____
Grade(s) _____	Grade(s) _____

2. **SIBLINGS:**

Name _____	Birth date _____	Grade _____	School _____
Name _____	Birth date _____	Grade _____	School _____
Name _____	Birth date _____	Grade _____	School _____

3. **CONGREGATIONAL AFFILIATION:** _____

NAME OF TEMPLE OR SYNAGOGUE

Reform Conservative Orthodox Other _____ No Affiliation

I understand that a surcharge of \$1000 per child will apply if I am not affiliated with a synagogue.

APPLICATION REQUIREMENTS

All deposits are non-refundable unless the school cannot accommodate your child. Acceptance into Grade One requires an assessment; the cost of the assessment is \$50. Acceptance into Grades 2 through 8 requires an assessment by Jewish Vocational Services; the cost to the family is \$400, and the school subsidizes the remainder of the fee. **Note: Children must be toilet trained upon entry to the school.**

Please use the following checklist to make sure you've submitted everything necessary:

- Deposit for Nursery or Morning Junior Kindergarten: \$300

OR

- Deposit for Full-Day Junior Kindergarten through Grade Eight: \$500

AND

- Copy of Birth Certificate
- Immunization Record
- Previous Year's Report Card (if applicable)
- Completed Questionnaire (if applying in the year prior to enrolment; otherwise you will receive this at a later date.)

If we are offered and accept a place at the school, our family agrees to abide by the policies and practices as set out by the Board and Administration of The Leo Baeck Day School.

Parent Signature _____ Date _____

Thank you for your application. We look forward to meeting you and, hopefully, to welcoming you and your child into the Leo Baeck Day School community!



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