



This application form can be found online for download: [solomonschechter.ca/admissions](http://solomonschechter.ca/admissions)

**Mr. Steven Erdelyi**  
Head of School

### APPLICATION FOR ADMISSION

Date of Application: \_\_\_\_\_

For Academic Year: \_\_\_\_\_

Grade of entry applied for:

Junior Pre-Kindergarten  Pre-Kindergarten

Kindergarten  Grade (1-6): \_\_\_\_\_ Section:  French  English

(Please specify the grade)

### STUDENT INFORMATION

Family Name: \_\_\_\_\_

First Name(s): \_\_\_\_\_

Hebrew Name: \_\_\_\_\_

Gender:  M  F

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
dd mm yy

Place of birth:  Quebec  
 Other province or country

\_\_\_\_\_  
(specify)

Permanent code: \_\_\_\_\_  
(applicable for Grade 1-6)

Medicare #: \_\_\_\_\_

Expiry date: \_\_\_\_\_

Mother tongue:

English  French  Hebrew  Other: \_\_\_\_\_

Language spoken at home:

English  French  Hebrew  Other: \_\_\_\_\_

Previous Day Care(s) or school(s) attended: \_\_\_\_\_

Does the child have any particular needs (physical, learning, social, behavioural)?

Has the child experienced any serious illness or accident? Give dates and nature of illness or accident.



**FAMILY INFORMATION (Check as appropriate)**

**Parent 1 or Guardian 1:**

Title:  Mr.  Mrs.  Ms.  Dr.  Prof.  Me.

Last Name: \_\_\_\_\_

First Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Office phone: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Email Addresses: (Private) \_\_\_\_\_

(Office) \_\_\_\_\_

Occupation: \_\_\_\_\_

Business address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Level of Education:**

- A: Elementary School or less
- B: High School or equivalent without a high school leaving
- C: High School leaving or equivalent
- D: College program not completed
- E: College pre-university diploma, French Baccalaureate or equivalent
- F: Technical college diploma or equivalent
- G: University program without diploma or certificate
- H: University diploma
- I: Other

Place of birth: \_\_\_\_\_ (Province) \_\_\_\_\_ (Country)

**Parent 2 or Guardian 2:**

Title:  Mr.  Mrs.  Ms.  Dr.  Prof.  Me.

Last Name: \_\_\_\_\_

First Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Office phone: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Email Addresses: (Private) \_\_\_\_\_

(Office) \_\_\_\_\_

Occupation: \_\_\_\_\_

Business address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Level of Education:**

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- G: University program without diploma or certificate
- H: University diploma
- I: Other

Place of birth: \_\_\_\_\_ (Province) \_\_\_\_\_ (Country)

**Marital status:**  Married  Single  Divorced  Widowed  Remarried  Common-law

**Student lives with:**

- Both parents  Parent 1
- Parent 2  Guardian

**Responsible for School Fees:**

- Both parents  Parent 1
- Parent 2  Guardian
- Other: \_\_\_\_\_ (specify)

**Correspondence to be sent to:**

- Both parents
- Parent 1
- Parent 2
- Guardian
- Other: \_\_\_\_\_ (specify)



**Please list all the children in your family:**

Last Name	First Name	Date of Birth dd-mm-yy	Current School	Grade

Is the parent a SSA graduate?

Parent 1: \_\_\_\_\_ Yes  No  Year: \_\_\_\_\_

Parent 2: \_\_\_\_\_ Yes  No  Year: \_\_\_\_\_

Would you like to be added to our alumni email list?  Yes  No

If mother converted, when and where converted: \_\_\_\_\_

Is child adopted? \_\_\_\_\_ If converted, when and where \_\_\_\_\_

Congregation with which family is affiliated (if applicable) \_\_\_\_\_

Religious background of home - observance of Shabbat, dietary laws, etc. \_\_\_\_\_

Did either parent receive elementary education in English in Canada?  Parent 1  Parent 2

Does either parent understand Hebrew? \_\_\_\_\_

How did you learn about Solomon Schechter Academy?

- Current SSA family \_\_\_\_\_
- SSA graduate family: (Name) \_\_\_\_\_
- Friends: (Name) \_\_\_\_\_
- Relative: (Name) \_\_\_\_\_
- Advertisement: \_\_\_\_\_
- Website/Social Media: \_\_\_\_\_
- Other: \_\_\_\_\_

**EMERGENCY CONTACTS**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Tel # 1: \_\_\_\_\_ Tel # 2: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Tel # 1: \_\_\_\_\_ Tel # 2: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Tel # 1: \_\_\_\_\_ Tel # 2: \_\_\_\_\_



**PAYMENT AND OTHER FINANCIAL ISSUES/SIGNATURE**

**In signing the application form I agree to:**

- a) Make a payment of **\$250.00** to cover the Admission fee of \$50.00 (Non-Refundable) and the Enrollment fee of \$200.00 (Refundable).
- b) Keep my child in school for the entire year should he/she be accepted.
- c) Include a copy of the child's birth certificate clearly showing both parents' full names and government eligibility form (English Section, Gr. K - 6).

**I agree that:**

- 1) Notwithstanding the provision of "La loi sur l'accès aux documents des organismes publics et sur la protection des renseignements personnels", we authorize the divulgence of the following nominative information for the constitution of class lists, destined to serve the Solomon Schechter Academy and the Jewish community... last name, first name, address and telephone number of student and parents (or guardian) as well as the parents' email addresses.
- 2) My signature also authorizes the school to disclose to the Ministry of Education the registration number on your child's birth certificate (needed for obtaining the permanent code required by the Ministry of Education for every student in Quebec).
- 3) Students who apply to Junior Pre-k and Pre-k who have older siblings attending the school may have their registration revoked by the school if the older sibling withdraws. A sibling applicant will be considered for admission if the child satisfies the educational requirements of the school.

I hereby certify that I have read and understand the regulations and terms as stated in the application form, admission procedures and process. I agree to abide by them and attest that all the above information is true and accurate.

First and Last Name of parent: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment of a total of \$250 representing Admission and Enrollment fees by:**

Cash

Cheque (payable to Solomon Schechter Academy)

Credit Card  Visa  Mastercard

Name on card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Address: \_\_\_\_\_

Exp. Date #: \_\_\_\_ / \_\_\_\_

City & Province: \_\_\_\_\_

CCV #: \_\_\_\_\_

Postal Code: \_\_\_\_\_



### CHECKLIST FOR APPLYING TO SSA

#### Documents to be submitted for registration purposes:

- Application form completed**
- Copy of the Birth Certificate of the child** (standard format)
- Registration fees:** (\$250 – Admission & Enrollment fees)
- Copy of Passport for both parents**
- Proof of Residency** (Utility bill, driver's license etc.) \*Will be destroyed upon verification.
- Report cards for students applying for Grade 1 – 6**
- English Eligibility Certificate of child, sibling or parent** (Kindergarten – Grade 6, English Section)

\* For parents born outside of the province of Quebec, or who are in Quebec on a temporary stay or permanent residency, additional documents will be required. You will be contacted by the school.



**OFFICE USE ONLY**

- ❖ Date of Application received: \_\_\_\_\_
- ❖ Letter of acceptance sent:       Y    N
- ❖ Date sent: \_\_\_\_\_
- ❖ Family No.: \_\_\_\_\_
- ❖ Birth Certificate received:       Y    N
- ❖ Eligibility Certificate received:    Y    N
- ❖ Copy of parent passport received:  Y    N

**PROOF OF RESIDENCY OF THE PARENT IN QUEBEC**

In order to confirm the residency of the student's parent(s) in Quebec, **one** of the following documents must be presented (include photocopy or present in person):

- |   |   |
|---|---|
| <input type="checkbox"/> Statement of Municipal or School Taxes | <input type="checkbox"/> Driver's License |
| <input type="checkbox"/> Lease Agreement                        | <input type="checkbox"/> Utility Bill     |

Date: \_\_\_\_\_

Signature of the Admission officer: \_\_\_\_\_