

# TORAH HIGH APPLICATION FORM

## A. APPLICANT INFORMATION

Surname (Legal) \_\_\_\_\_ Given (first) name (Legal) \_\_\_\_\_

Hebrew name (or other names used) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Grade in September \_\_\_\_\_ Gender: M F Birthdate (mm/dd/yy) \_\_\_\_\_ Birthplace \_\_\_\_\_

Landed Immigrant? Y N If yes, entry date \_\_\_\_\_ CareCard Number: \_\_\_\_\_

**Special Conditions:** Please indicate if the applicant has any behavioral and/or learning difficulties that have been previously experienced and/or diagnosed and indicate if there have been any formal evaluations or assessments done.

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about Torah High? [ ] friend [ ] poster/display [ ] newspaper article/ad [ ] other (specify): \_\_\_\_\_

## B. FAMILY INFORMATION

Father's name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Hebrew name: \_\_\_\_\_ Father's Email address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Mother's name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Hebrew name \_\_\_\_\_ Mother's Email address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

## C. CURRENT EDUCATIONAL STATUS

Enrolled in the following school(s):

SCHOOL	LOCATION, PHONE NUMBER

**PERSONAL EDUCATION NUMBER (PEN):**

**D. TO BE SUBMITTED WITH APPLICATION** Please send scanned originals to [info@vnscsy.com](mailto:info@vnscsy.com) or fax to 604-730-1621 or mail copies to Torah High, 3476 Oak Street, Vancouver, BC V6H 2L8 of: **1.** Birth Certificate **2.** Applicant's last Report Card

## E. EMERGENCY INFORMATION:

Please list any allergies or medical conditions: \_\_\_\_\_

In case of Emergency, contact: Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

## F. COURSE REQUESTED (course descriptions at [vancouver.torahhigh.ca](http://vancouver.torahhigh.ca)):

- [ ] Jewish Belief & Ethics In The Modern World [ ] Israel In Jewish Identity: Jewish Leadership  
[ ] Beginning Hebrew [ ] Intermediate Hebrew (prerequisite: Beginning Hebrew or equivalent)

**G. BC RESIDENCY FORM:** To be completed by a parent or legal (court-appointed) guardian. If legal guardian, attach a copy of court order appointing you as legal guardian.

**Lawfully admitted into Canada:** I am (please circle one):

1. A Canadian citizen (if not born in Canada, please attach photocopy of citizenship paper/card)
2. A landed immigrant (attach photocopy of landed immigrant status paper)
3. Lawfully admitted to Canada under one of the following documents (please mark the appropriate box below and attach photocopy of document)
4. Admission as a refugee claimant
5. A person claiming refugee status who has a letter of no object
6. Student authorization (student visa) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
7. Employment authorization (working permit) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
8. A person carrying out official duties as a diplomatic or consular official (with a foreign representative acceptance counter foil in his/her passport)
9. Other - document description (must be cleared with Immigration Canada): \_\_\_\_\_

**Residency in British Columbia:** I am a resident of British Columbia (please circle one):

**YES** - Residency address: \_\_\_\_\_ **NO** - I am not a resident of British Columbia

Signature \_\_\_\_\_ Date \_\_\_\_\_

### H: PAYMENT:

**Tuition: \$199 per course** (if you are unable to afford the tuition fee, scholarships are available)

**Number of courses:** \_\_\_\_\_ **x \$199 per course = Total Tuition: \$** \_\_\_\_\_

Torah High strives to make Jewish education accessible to all Jewish teens in Vancouver by only charging \$199 per course. However, actual tuition per student is \$450 on top of the \$199 per course and other subsidies Torah High receives. This \$450 needs to be fundraised locally by Torah High for each student. If you are able to afford more than \$199 per course, we ask that you consider covering the cost of your child's full tuition cost. All donations include a full tax-receipt and an opportunity to have a Torah High class sponsored in your name, in honour of someone, or in memory of a loved one. Your donation can also be charged monthly to your credit card for your convenience.

Yes, I would like to help by covering the full cost of my child's tuition with an additional \$45 donation per month for 10 months. Includes sponsorship of 3 weeks of Torah High.

Yes, I would like to help by making an additional one-time donation of: \$ \_\_\_\_\_

Please charge the total amount of my donation now and not monthly.

If you selected to sponsor a Torah High class, your name will be posted on the wall in Torah High for those classes. If you would like to instead sponsor the class in honour of someone, in memory of someone, or if it should be anonymous, please tell us here:

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**If paying by cheque:** cheques to be made out to NCSY – mail to Torah High: 3476 Oak Street, Vancouver, BC V6H 2L8

**If paying by credit card:**

Circle One: Visa / Mastercard Card Number \_\_\_\_\_

Name on card: \_\_\_\_\_ Expiry Date (mm/yy): \_\_\_\_\_

**Confirming signature:**

Parent's/legal guardian's name: \_\_\_\_\_

Parent's/legal guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_