



Ottawa Torah Institute High School

Offices: 1400 Coldrey Ave, Ottawa K1Z 7P9
 Tel: 613-244-9119 office@ottawatorah.com

APPLICATION FOR ADMISSION

YEAR APPLYING FOR: 20__

ENTERING GRADE: ____

PLEASE TYPE OR PRINT CLEARLY

APPLICANT

APPLICANT'S NAME (LAST)		FIRST NAME (LEGAL)		MIDDLE NAME	HEBREW NAME
APPLICANT'S ADDRESS			APT #	CITY	
PROV./STATE	POSTAL CODE/ZIP		HOME PHONE		
PRESENT SCHOOL		EMAIL ADDRESS			PRESENT GRADE
PLACE OF BIRTH		DATE OF BIRTH (Y/M/D)	SOCIAL SECURITY NUMBER/SOCIAL INSURANCE		

PARENTS/GUARDIANS

FATHER'S OR GUARDIAN'S NAME (LAST)		FIRST	M.I.	TITLE
FATHER'S ADDRESS (IF DIFFERENT FROM ABOVE)		CITY	PROV./STATE	POSTAL CODE/ZIP
FATHER'S OCCUPATION		EMPLOYER'S NAME	COMPANY NAME	
HOME PHONE	WORK PHONE	CELL PHONE	EMAIL	
MOTHER'S OR GUARDIAN'S NAME (LAST)		FIRST	M.I.	TITLE
MOTHER'S ADDRESS (IF DIFFERENT FROM ABOVE)		CITY	PROV./STATE	POSTAL CODE/ZIP
MOTHER'S OCCUPATION		EMPLOYER'S NAME	COMPANY NAME	
HOME PHONE	WORK PHONE	CELL PHONE	EMAIL	
PARENT'S MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED		IF DIVORCED, WITH WHOM DOES THE APPLICANT RESIDE?		
IS APPLICANT OR A PARENT A CONVERT TO JUDAISM? IF YES GIVE DETAILS (AND PROVIDE COPY OF CERTIFICATE)			PLEASE INDICATE IF STUDENT IS ADOPTED	

MATERNAL GRANDPARENTS	ADDRESS	HOME PHONE	EMAIL
MATERNAL GRANDPARENTS	ADDRESS	HOME PHONE	EMAIL
SYNAGOGUE AFFILIATION	SYNAGOGUE RABBI	LOCATION	
PARENTS AFFILIATION WITH JEWISH ORGANIZATIONS (RELIGIOUS/COMMUNAL/EDUCATIONAL,ETC)			

INDICATE TWO INDIVIDUALS WHO MAY BE CALLED IN CASE OF EMERGENCY, OR IF PARENTS CANNOT BE REACHED

NAME	HOME NUMBER	CELL NUMBER
NAME	HOME NUMBER	CELL NUMBER

SIBLINGS

NAME	SCHOOL	AGE	GRADE

EDUCATIONAL HISTORY

LIST CHRONOLOGICALLY ALL THE SCHOOLS THAT THE APPLICANT HAS ATTENDED

NAME OF SCHOOL	CITY	DATES OF ATTENDANCE	GRADUATED (Y OR N)

DESCRIBE THE ECOURSES APPLICANT HAS TAKEN THIS YEAR

GEMORAH (INCLUDE THE MESECHTA CURRENTLY BEING LEARNED, TIME ALLOTTED FOR GEMORAH IN THE SCHOOL DAY)

CHUMASH (INCLUDE THE PARSHIOS EXPECTED TO BE LEARNED THIS YEAR AND THE MEFORSHIM REGULARLY STUDIED)

MATH (PROVIDE COURSE NAME AND DESCRIBE MATERIAL STUDIES)

WHAT SUBJECTS DOES THE APPLICANT LIKE THE BEST?

WHAT SUBJECTS HAVE BEEN THE HARDEST FOR THE APPLICANT?

LIST CHRONOLOGICALLY THE SUMMER CAMPS THAT APPLICANT HAS ATTENDED

NAME	CITY, PROVINCE/STATE	DATES ATTENDED

WHAT IS APPLICANT'S LIFE AMBITION/GOAL?

--

IN WHICH ORGANIZATIONS AND/OR EXTRA CURRICULAR ACTIVITIES HAS THE APPLICANT PARTICIPATED IN SCHOOL/COMMUNITY?

NAME OF ORGANIZATION/EXTRA CURRICULAR ACTIVITY	DATES

LIST ANY AWARDS/CERTIFICATES, SCHOLARSHIPS, AND/OR PRIZES APPLICANT HAS RECEIVED

LIST HOBBIES; MUSIC, ART, OR ATHLETICS

LIST ANY SPECIAL NEEDS APPLICANT MAY HAVE (PHYSICAL, SOCIAL, EMOTIONAL, ETC.)

REFERENCES

RABBI OF SYNAGOGUE(NAME)	ADDRESS	CITY	STATE/PROVINCE	ZIP/POSTALCODE	PHONE NUMBER
PRESENT PRINCIPAL(NAME)					
PRESENT REBBE (NAME)					
PREVIOUS REBBE (NAME)					
OTHER REFERENCE (NON-FAMILY MEMBER)					

DOES YOUR SON HAVE ANY SPECIAL DIETARY NEEDS? EG. CHOLOV YISROEL , CHOLOV YISROEL KELIM, VEGAN, VEGETARIAN ETC.

AUTHORIZATION

IT IS UNDERSTOOD THAT THE REGISTRATION OF ALL STUDENTS ADMITTED TO THE YESHIVA IS SUBJECT TO THE FOLLOWING CONDITIONS: ATTENDANCE AT THE SCHOOL IS A PRIVILEGE AND NOT A RIGHT. IN CONSULTATION WITH PARENTS, THE SCHOOL RESERVES THE RIGHT TO REQUIRE THE WITHDRAWAL OF ANY STUDENT. ATTENDANCE AT THE SCHOOL IS DEPENDENT UPON THE CONSISTENT COMPLETION OF ALL LEARNING ACTIVITIES TO THE BEST OF THE STUDENT'S ABILITIES, BOTH IN JUDAIC AND SECULAR STUDIES. THE STUDENT IS REQUIRED TO FAMILIARIZE HIMSELF WITH AND TO ABIDE BY THE RULES AND REGULATIONS OF THE YESHIVA. STUDENTS ARE EXPECTED TO UPHOLD THE MORAL PRINCIPLES AND GOOD NAME OF THE YESHIVA AT ALL TIMES – BOTH IN SCHOOL AND IN THEIR OUTSIDE ACTIVITIES.

I HEREBY CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS COMPLETE AND ACCURATE.

INFORMATION ABOUT STUDENTS AND FAMILIES IS PROTECTED BY OTI'S POLICY ON STUDENT RECORDS.

PARENT/GUARDIAN SIGNATURE:	DATE:
APPLICANT SIGNATURE:	DATE: