

VANCOUVER HEBREW ACADEMY

1545 West 62nd Avenue, Vancouver, B.C. V6P 2E8

STUDENT REGISTRATION FORM

PLEASE PRINT

STUDENT INFORMATION:

Date Student Started: _____

Student: _____
(last) (All Names as listed on Birth Certificate)

Hebrew Name: _____

Grade (in September): _____

Home Phone No. _____ Cell No. _____

Home Address: _____
(Apt./Street Number & Name)

(City) (Province) (Postal Code)

Email address: _____

Birthdate: _____ Hebrew Birthday: _____
(Year-Month-Day)

Male: _____ Female: _____

Place of Birth: _____

Birth Certificate No. _____ (attach copy)

Language Spoken at Home: _____

Last School Attended: _____

Contact Information: _____

Other Schools Attended: _____

Citizenship: (Complete only if not born in Canada)

Canadian Landed Immigrant Student Permit

Certificate No. _____ (attach copy) Expiry _____

PARENT'S INFORMATION:

Father: _____
(Last Name) (First & Middle) (Hebrew)

Employer: _____ **Occupation:** _____

Work Phone No. _____

Hebrew Education: _____

Synagogue Affiliation: _____

Citizenship: *(Complete only if not born in Canada)*

Canadian **Landed Immigrant** **Student Permit**

Certificate No. _____ *(attach copy)* **Expiry** _____

Mother: _____
(Last Name) (First & Middle) (Hebrew)

Employer: _____ **Occupation:** _____

Work Phone No. _____

Hebrew Education: _____

Synagogue Affiliation: _____

Citizenship: *(Complete only if not born in Canada)*

Canadian **Landed Immigrant** **Student Permit**

Certificate No. _____ *(attach copy)* **Expiry** _____

NAMES OF OTHER SIBLINGS:

(Name) (Age) (School Attending)

(Name) (Age) (School Attending)

(Name) (Age) (School Attending)

(Name) (Age) (School Attending)

Parent's Signature: _____ **Date:** _____

SOCIETY MEMBERSHIP:

The Board of Directors encourages all VHA families to join the Vancouver Hebrew Academy Society. To be a voting member of the Society, please complete the information below and remit it along with **\$1 for the annual membership fee**, (as per the British Columbia Society Act), to the VHA office.

Name: _____

Address: _____

Signature: _____ **Date:** _____

SCHOOL SERVICE:

In a small school like ours the need for help from the parents is important in allowing us to provide the best possible programming for our students. Our family participation/school service program requires each family to contribute 15 hours of time assisting in various school programs throughout the school year. **All families must participate.** There are literally dozens of service opportunities available, the PTA coordinates these activities. Accompanying your registration form please submit a **cheque for \$400** made out to VHA postdated June 1, 2013, and please write *school service* in the memo line. **If you fulfill your obligations this will not be cashed.** Thank you for your cooperation.

Name: _____

Address: _____

Signature: _____ **Date:** _____