4116 Bathurst St. North York, ON M3H 3P2



PHONE 647-812-2023

EMAIL office@kesseryosef.com

WEB www.kesseryosef.com

Application for the 2024-2025 School Year

1. FAMILY INFORMATION

| FAMILY NAME | | HOME PHONE | |
|---------------------------------------|-------|------------|-------------|
| ADDRESS | APT.# | CITY | POSTAL CODE |
| | | | |
| | F | ATHER | MOTHER |
| TITLE | □ RA | ABBI □ MR. | ☐ MRS. |
| FIRST NAME | | | |
| MAIDEN NAME | | | |
| HEBREW NAME | | | |
| ADDRESS (IF DIFFERENT FROM ABOVE) | | | |
| OCCUPATION | | | |
| EMPLOYER/EMPLOYER'S ADDRESS | | | |
| BUSINESS TELEPHONE | | | / |
| HOME PHONE (IF DIFFERENT FROM ABOVE) | | | |
| CELL PHONE | | | |
| E-MAIL ADDRESS | | | |
| How many children are in your family? | boys | | girls |

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2. TALMID INFORMATION

| ENGLISH NAME | FULL HEBR | FULL HEBREW NAME (IN HEBREW) | |
|-------------------------------------|--|---------------------------------------|--|
| BIRTHDATE (MM/DD/YYYY) | APPLYING FOR GRADE: | PREVIOUS SCHOOLING | |
| 3. MEDICAL INFORM | ATION | | |
| DOCTOR'S NAME | DOCTOR'S PHONE | OHIP | |
| Allergies: | | | |
| Any medical information the Ye | eshiva should know about: | | |
| Please check the appropriate bo | ox: My son has had behavioural ar My son has NOT had any beha | _ | |
| My son h <mark>as/had an</mark> IEP | My son never had an I | IEP | |
| | en encouraged to take medication for | | |
| 4. EMERGENCY CONT | een encouraged to take medication for | or benavioural or educational reasons | |
| | act in case of emergency when parents | s cannot he reached: | |
| riedse list tillee people to conte | act in case of emergency when parents | s carrier be reactica. | |
| NAME(S) | RELATIONSHIP TO CHILD | TELEPHONE NUMBERS | |
| | | | |
| | | | |
| | | | |

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5. GRANDPARENT INFORMATION

| | MATERNAL | PATERNAL |
|--|--------------------|---------------|
| GRANDFATHER'S FAMILY NAME | | |
| GRANDFATHER'S FIRST NAME | | |
| GRANDMOTHER'S FAMILY NAME | | |
| GRANDMOTHER'S FIRST NAME | | |
| FULL ADDRESS | | |
| TELEPHONE | | |
| 6. MISCELLANEOUS INFORMATION The following Rav/Rabbonim know(s) our family | | |
| The following Menahel/Rebbe knows our son we | ell: Phone: | |
| | | _ |
| ather's Signature Date | Mother's Signature | |