

# Yeshivas Lubavitch Toronto

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[www.lubavitchyeshiva.com](http://www.lubavitchyeshiva.com)

## APPLICATION FOR ADMISSION 5772- 5773 (2012-2013)

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

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

City: \_\_\_\_\_ Prov./State: \_\_\_\_\_ P.C. / Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Date of Birth (English) : \_\_\_\_\_ Date of Birth (Hebrew): \_\_\_\_\_

Place of Birth: \_\_\_\_\_ S.I.N. or S.S.N.: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

Business Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Name of Yeshiva Presently Attending: \_\_\_\_\_

Rebbi's Name: \_\_\_\_\_ Class: \_\_\_\_\_

Please list all Yeshivos you have attended:

<u>Yeshiva</u>	<u>Dates Attended</u>
_____	_____
_____	_____
_____	_____

Please list any medical disorders or allergies that we should be aware of:

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

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of closest relative living in Canada: \_\_\_\_\_ Relation: \_\_\_\_\_

Private Insurance Co.: \_\_\_\_\_ Policy No.: \_\_\_\_\_

O.H.I.P. / Medicaid No. \_\_\_\_\_

Please provide proof of Medical Insurance Coverage while studying in Canada

I/we affirm that all of the above information is accurate. By signing below, I/we agree to abide by all the rules of the Yeshiva.

### Authorization for School Trips

By signing below, we hereby authorize the school to permit our child to participate in official school trips and special activities. In case of emergency, we authorize the Yeshiva to act on our behalf.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

### Registration Fee

Cheque Enclosed    Visa    Master Card    American Express

Please note that there will be a 2 per cent surcharge on all Credit Card transactions

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Expiry Date

\_\_\_\_\_  
Authorized Signature

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***For Office Use Only***

Accepted By \_\_\_\_\_ Date \_\_\_\_\_