



YESHIVA HIGH SCHOOL OF OTTAWA
REGISTRATION FORM



Student Information – Please Print Clearly

Family Name: _____ Gender: _____

Given Name: _____ Birth Date: Day/Month/Year _____

Hebrew Name: _____

Address: _____

City: _____ Postal Code: _____ Home Tel: _____

OHIP Number: _____ Expiry Date: _____

Name of Middle School: _____

Parent/Guardian Information – Please Print Clearly

Mother's Name: _____

Mother's Phone: _____ Mother's Email: _____

Address: _____

City: _____ Postal Code: _____ Home Tel: _____

Father's Name: _____

Father's Phone: _____ Father's Email: _____

Address: _____

City: _____ Postal Code: _____ Home Tel: _____

Student living with Both Parents Mother Father Guardian

If Guardian is not a parent

Mother's Phone: _____ Mother's Email: _____

Address: _____

City: _____ Postal Code: _____ Home Tel: _____

Emergency Contact Information – Please Print Clearly

(In case parent or guardian cannot be contacted at home, or by cell)

Contact Name: _____ Relationship: _____

Home Tel: _____ Cell: _____ Work Tel: _____