



**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: \_\_\_\_\_

**\*Please enclose a \$250 registration fee if registering before April 1, 2025**

**\*Please enclose a \$350 registration fee if registering after April 1, 2025**