



בית הספר היהודי בריצמונד

New Student  
Enrollment Application  
2026-2027



RICHMOND  
JEWISH  
DAY SCHOOL

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## New Student Application Checklist

- Non-refundable Registration Fee – \$300 per student if registration completed by March 1, 2026, and \$500 after March 1, 2026
- New Student Application Form
- Original Birth Certificate (originals will be returned once copied) or notarized copy
- Status of Parent/Guardian Form. If a legal guardian, please attach a copy of the court order appointing you as the legal guardian.
- Proof of status in Canada. Please submit one of the following for both parents and child:
  - Canadian passport or citizenship card or birth certificate
  - Permanent residence card or confirmation of permanent residence document and passport
  - Work permit and passport with parent's current (minimum one-year) full-time employment letter
  - Study permit and passport with parent's program admission letter and payment receipt
  - Refugee claimant document
  - Diplomatic card or passport
  - Status identification card
- Proof of Address (e.g. utility bill, driver's license or BC service card)
- Enrollment Agreement
- Payment Schedule Agreement
- RJDS Use of Personal Information Consent Form
- Short Field Trip Permission Form
- Pre-authorized Debit Form accompanied by void cheque
- Teacher Recommendation Form for Students entering Grades 1-7
- Immunization records
- Parent Participation Form



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## **2026 – 2027 Important Dates**

### **March 1, 2026**

The registration deadline to be eligible for the early-bird registration fee discount is March 1. Students registered on or before March 1 will pay a non-refundable registration fee of \$300 per student. After March 1, the non-refundable registration fee is \$500 per student.

### **April 1, 2026**

Registration deadline is April 1, 2026. This is also the deadline to complete the Registration and Tuition Assistance Application along with all supporting documentation for families applying for tuition assistance.

### **March 1 to June 1, 2026**

The Tuition Assessment Committee (TAC) will evaluate completed tuition assistance applications between March and June. It is the responsibility of each family to ensure all supporting documentation is confidentially submitted to Janet Ragetli, Business Manager at [jragetli@rjds.ca](mailto:jragetli@rjds.ca), or in a sealed envelope for the attention of Tuition Assessment Committee (TAC) at RJDS. Tuition assessments will be sent out to all eligible families upon determination. All signed Tuition Fee Agreements are to be returned to Janet Ragetli within 14 days of receipt.

### **July 1, 2026**

Tuition fee payments begin for the 2026-2027 school year.



## 2026 – 2027 New Student Application

**STUDENT NAME**

Grade entering: \_\_\_\_\_

(Surname, Given Names) \_\_\_\_\_

Student's Hebrew Name: \_\_\_\_\_

Date of Birth (DD/MM/YYYY): \_\_\_\_\_

Gender ☐ Male ☐ Female ☐ Other Preferred Pronoun: \_\_\_\_\_Primary Language Spoken at Home: ☐ English ☐ Hebrew ☐ Other: \_\_\_\_\_

Personal Health Number: \_\_\_\_\_

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

Postal Code: \_\_\_\_\_

Primary contact phone: \_\_\_\_\_

**#1 PARENT/GUARDIAN**

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Ext: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

**#2 PARENT/GUARDIAN**

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Ext: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Parent(s) and/or Guardian(s) with whom student lives: \_\_\_\_\_

*If there is a custody agreement, please provide documentation.***#1 EMERGENCY CONTACT (other than parents) Authorized to pick up student?**☐ Yes ☐ No

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_



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**#2 EMERGENCY CONTACT** (other than parents) **Authorized to pick up student?**    ☐ Yes    ☐ No

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Richmond Jewish Day School is committed to the total academic, social, emotional, physical, and intellectual development of your child. The following information is important so that we may better understand your child and their needs.

### **FAMILY AND SOCIAL HISTORY**

Please indicate your child's previous education:                      ☐ Daycare                      ☐ Preschool  
Name of Facility: \_\_\_\_\_ Years Attended: \_\_\_\_\_

Last Elementary School(s) Attended: \_\_\_\_\_ Dates: \_\_\_\_\_ Grade(s): \_\_\_\_\_

Is there any pertinent medical information about your child that would, in any way, limit or affect your child's ability to engage in school activities:

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

Is your child taking any medications?

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

Does your child have a severe allergy? If so, please indicate and attach any supporting documentation from your doctor:

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

Is there any information regarding your child's development and behaviour of which we should be aware? (e.g. unusual eating/sleeping routines, self-regulation issues, anxiety, nervous habits, special skills or talents, artistic/athletic abilities:

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

If your child has had psychological, educational, or medical assessments completed, please list the assessments here and include photocopies of these documents.

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



## FAMILY BACKGROUND

### GRANDPARENTS (#1 PARENT/GUARDIAN)

Names: \_\_\_\_\_

Emails: \_\_\_\_\_

### GRANDPARENTS (#2 PARENT/GUARDIAN)

Names: \_\_\_\_\_

Emails: \_\_\_\_\_

Have the parents been separated during your child's life?      ☐ Yes                      ☐ No

If yes, age of child at time: \_\_\_\_\_      Length of separation: \_\_\_\_\_

In how many different locations had your child resided? (please list):  
\_\_\_\_\_  
\_\_\_\_\_

Have there been any major events in your family such as divorce, death, accidents, or illnesses, which may have affected the emotional well-being of your child? If so, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

## FAMILY BACKGROUND

#1 Parent/Guardian Religion: \_\_\_\_\_

#2 Parent/Guardian Religion: \_\_\_\_\_

Synagogue Affiliation (if any): \_\_\_\_\_



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List all children and members of your household (eldest to youngest)

	NAME	DATE OF BIRTH (dd/mm/yyyy)	GENDER	PRONOUN	RELATIONSHIP
1.					
2.					
3.					
4.					
5.					

Parent/Guardian Signature:

Date:

Parent/Guardian Signature:

Date:





**2026 – 2027**

**Status of Parent/Guardian (Admission to Canada and Residency)  
Form A**

Parent(s)/Guardian(s) Name(s): \_\_\_\_\_

To be completed and signed by a parent or legal (court-appointed) guardian. If legal guardian, attach copy of court order appointing you as legal guardian.

**Lawfully Admitted into Canada**

1. I am (please select one):

- ☐ A Canadian citizen (If not born in Canada, please attach a photocopy of citizenship paper/ card)
- ☐ A Permanent resident and/or landed immigrant (Please attach photocopy of landed immigrant status paper or permanent resident card)
- ☐ Lawfully admitted into Canada under the Immigration and Refugee Protection Act (Canada) with one of the following documents (please mark the appropriate box below and attach photocopy of document):
  - ☐ Admission as a refugee or refugee claimant
  - ☐ Valid student permit for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
  - ☐ Valid employment authorization (work permit) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
- ☐ A person carrying out official duties under the authority of the Visiting Forces Act or as an accredited diplomatic agent, preclearance officer, consular officer, or official representative in Canada of a foreign government with a consular post in British Columbia.
- ☐ Other – Document description: (must be cleared with Citizenship and Immigration Canada)

**Residency in British Columbia**

2. I am a resident of British Columbia (please select one):

- ☐ Yes
- ☐ No

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(If parents are deceased, use Form B, available from the school office)



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## 2026 -2027 Enrollment Agreement

### I. **Enrollment Policy**

I, the undersigned, am the parent(s) or guardian(s) of the child/children named above (each respectively, the Student) and hereby enroll(s) the Student(s) for the 2026-2027 school year at Richmond Jewish Day School (RJDS). I understand that as a condition of the admission of the Student to RJDS I agree to abide by the terms and conditions of this Enrollment Agreement (the Agreement). I understand that the Non-refundable Registration deposit of \$500 per student (\$300 per student for early-bird registration) is required to be submitted with this Agreement for the application to RJDS to be considered complete.

### II. **Spirit of RJDS – Rules and Policies**

RJDS is an independent school and a private Jewish institution. We foster a warm, stimulating environment in which students thrive in small class settings where the mind, body and spirit are nurtured. The Rules and Policies of RJDS are contained in the Parent – Student Handbook and are incorporated into this Enrollment Agreement by reference. I agree to support this positive environment and accept the Rules and Policies of RJDS for me and my child/children. I agree that my failure to do so, as determined by RJDS in its sole discretion, constitutes default under this Agreement. I understand that RJDS reserves the right to amend or terminate this Agreement if RJDS determines, in its sole discretion, that my child's needs or behaviours make such amendment or termination necessary in the best interest of either the Student or RJDS.

### III. **Payment of Tuition**

I agree that, together with the other undersigned, I am jointly and severally responsible for all tuition payments and that any failure to pay tuition when due constitutes default of this Agreement. All tuition is due as per the payment schedule selected (see Payment Schedule Agreement). Interest of 1.5% per month (18% per year) will be added to accounts that are more than 30 days overdue. In the event of a default under this Agreement, RJDS shall be entitled to exercise all remedies available to it and the failure of RJDS to exercise a particular remedy shall not constitute a waiver of the right to do so.

In the event of a default under this Agreement, I agree to pay all the costs of RJDS associated with enforcing its rights under this Agreement, including, without limitation, collection agency fees, reasonable legal fees, arbitration costs, and any other costs associated with collecting any debt owed by me to RJDS, with or without suit. RJDS reserves the right to restrict re-enrollment of a Student whose accounts are not current.

### IV. **Withdrawal Policy and Withdrawal Schedule**

I understand and agree that my obligation to pay tuition shall continue regardless of whether my child/children complete(s) the school year. If, after registering, my child/children is/are withdrawn for any reason, I understand and agree that our family is not entitled to a refund of any deposits, tuition fees already paid or additional fees paid, and that tuition will be immediately due and payable in accordance with the Withdrawal Schedule. Notwithstanding the foregoing, the application of the Withdrawal Policy may be modified or waived in whole or in part, under exceptional circumstances, at the discretion of the Executive of the Board of Directors, upon written request from the family outlining in



detail their reasons for requesting said modification or waiver. All such requests shall be kept confidential.

#### **Withdrawal Schedule**

Upon withdrawal, the amount of tuition owed will be determined based on the date of withdrawal and as a percentage of assessed tuition with a minimum due of \$500 per Student.

<b>Withdrawal Between</b>	<b>Percentage of Assessed Tuition Payable</b>
March 1 to March 31, 2026	25% of Assessed Tuition Due
April 1 to June 30, 2026	50% of Assessed Tuition Due
After July 1, 2026	100% of Assessed Tuition Due

Upon withdrawal, failure to pay tuition in accordance with this Withdrawal Schedule constitutes a default under this Agreement, entitling RJDS to all remedies available at law and in equity.

#### **V. Purposes for the Collection, Use and Disclosure of Personal Information by RJDS**

I understand and agree that RJDS will collect, use, and disclose personal information of students, parents, and other family members of students:

- for all purposes necessary to deliver the education and support that meets the needs of each individual Student.
- to arrange and manage the volunteer hours agreed by the family.
- for accounting and billing purposes associated with tuition and fee payments; for all RJDS administrative and management purposes that are reasonable and appropriate under the circumstances.
- to communicate with the family and facilitate communication between families from time to time.
- to contact the family from time to time to inform them of fundraising initiatives, fundraising events, or donation opportunities.
- with express consent, for other fundraising, marketing and promotional purposes related to RJDS or to the broader Jewish community.
- ) and as otherwise permitted or required by law.

For detailed information about RJDS' privacy policies and practices please contact the Head of School/Principal.

I have read this Enrollment Agreement and agree to be bound by the terms and conditions herein.

Parent/Guardian Name:	Signature:	Date:
_____	_____	_____

Parent/Guardian Name:	Signature:	Date:
_____	_____	_____



## 2026 - 2027 Tuition and Other Fees

	1 Students	2 Students	3 Students	4 Students
<b>Tuition Fees</b>	\$13,800	\$24,500	\$32,000	\$37,600
<b>Other Fees – Not eligible for Tuition Assistance</b> (Building Fund, Security Fee, Student Supplies, Fieldtrips & Special Events)	\$500	\$750	\$1,000	\$1,250
<b>Parent Advisory Committee (PAC) membership fees</b>	\$36	\$36	\$36	\$36
<b>Annual Total</b>	<b>\$14,336</b>	<b>\$25,286</b>	<b>\$33,036</b>	<b>\$38,886</b>

### Tuition Fees

Tuition is payable by pre-authorized debit over 10 months, starting on July 1, 2026, and ending April 2027.

### Tuition Assistance

Tuition Assistance may be available to eligible families facing financial hardship. Families are required to apply by completing a Tuition Assistance Application and providing supporting documentation. Applications for Tuition Assistance are made through our website at <https://rjds.ca/tuition/> or by contacting Janet Ragetli, Business Manager at [jragetli@rjds.ca](mailto:jragetli@rjds.ca).

You may at any time choose to make a request for a full reassessment by contacting Janet Ragetli, Business Manager.

**Submit the supporting documentation to Janet Ragetli, Business Manager via email at [jragetli@rjds.ca](mailto:jragetli@rjds.ca) or in a sealed envelope marked: Tuition Assistance Committee (TAC), Richmond Jewish Day School, 8760 No 5 Rd, Richmond, BC V6Y 2V4, by no later than April 1.**

In addition to the Application for Tuition Assistance, the following documentation for the 2024 tax year, or 2025 (if available) must be submitted.

- T4s for both parents
- CRA Notice of Assessment

Additional documentation if applicable:

- T1142 - Trusts
- T776 - Rental Property
- T2125 Statement of Business or Professional Activities



- Business Financial Statements: Corporation – Most recent Financial Statements prepared by Accountant or Auditor.

For families relocating to Canada who have not yet filed taxes in Canada please provide

- Previous year's tax return
- Bank statements for chequing and savings accounts for the last 3 months
- Assessment documents for all properties owned
- Business financial statements for the most recent financial year, if applicable

TAC may require additional documentation.

**Important Note:**

Tuition Assistance Applications with all supporting documentation must be submitted by posted deadlines to qualify.

The Tuition Assistance Committee will not assess an application that has not completed the following steps:

1. Provided all the required supporting documentation.
2. Fully completed the enrollment process (forms and contracts)
3. Paid a non-refundable registration fee.

**Non-refundable registration fee: \$500 per student (\$300 per student with early-bird discount)**

The non-refundable registration fee is due at time of registration. The non-refundable registration fee for the 2026-2027 school year is \$500 per student. An early-bird fee of \$300 is offered to each student who registers by the deadline March 1, 2026. The non-refundable registration fee will be applied as payment towards the tuition fees due for the 2026-2027 school year.

**Security Fobs: refundable deposit - \$20 each**

Parents are expected to access the building with school-issued security fobs. If you have not been issued a fob, please contact the school office. Fobs are provided for a \$20 refundable deposit. Lost fobs may be replaced at cost of \$20 each.

**School Uniforms**

Parents are expected to purchase the mandated school uniforms for RJDS. More information is available on our website [www.rjds.ca/uniforms](http://www.rjds.ca/uniforms).



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**2026 -2027**  
**Payment Agreement Schedule**  
**A TUITION FEE AGREEMENT WILL BE ISSUED UPON ASSESSMENT**

**FAMILY NAME:**

Student Name #1

Student Name #3

Student Name #2

Student Name #4

**Please check Option 1 or 2 below:**

- ☐ 1. I/We have submitted the registration documents and deposits and am/are opting to pay full Tuition Fees.
- OR**
- ☐ 2. I/We have submitted the registration documents and deposits and am/are applying for Tuition Assistance. I/We will complete the online application process by April 1, 2026.

**Payments will be made by pre-authorized debit over 10 months due on the first of each month, starting July 1, 2026, and ending April 2027.**

Signature of Parent/Guardian:

Print Name:

Date: (dd/mm/yyyy)



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**2026 – 2027**

**RJDS Use of Personal Information Consent Form**

**Name of Student(s):**

- 1). \_\_\_\_\_
- 2). \_\_\_\_\_
- 3). \_\_\_\_\_
- 4). \_\_\_\_\_

**Names of Parents/Guardians:**

**A. Electronic Communication**

Important school information and learning updates are sent via email correspondence. This includes emails from the office, administration, teachers, and newsletters. Please ensure you include both emails of parents/guardians below.

- ☐ **Yes, I consent to receiving email correspondence from RJDS (please note checking this box is a requirement for registration).**

Email Address #1 \_\_\_\_\_

Email Address #2 \_\_\_\_\_

**B. Buzz Book**

At the beginning of each year, a "Buzz Book" is compiled – a contact list by class (from Kindergarten to Grade 7) containing the name of each student and their parents, and the parents' email addresses and phone numbers. The Buzz Book may be periodically updated during the year. Class WhatsApp groups are also created for information to be distributed. This information is not disclosed to any third party for commercial purposes, but may, from time to time, be disclosed to other Jewish institutions for non-commercial purposes at the discretion of the administration. Please check the box below that reflects your preference:

- ☐ **Yes**, I consent on my behalf and on behalf of my spouse and children to the inclusion of our names, email addresses and phone numbers in class lists in the Buzz Book.
- ☐ **No**, I DO NOT consent on my behalf and on behalf of my spouse and children to the inclusion of our names, email addresses and phone numbers in class lists in the Buzz Book.

**C. Class photos, school photos, the year-end slide show, and school yearbook**

Annually, RJDS takes a class photo and a school photo of the whole student body. In addition, each student is provided a PAC-sponsored yearbook at the end of the year. At our final assembly, a slide show is presented comprised of photos of the students taken during



school activities throughout the year. Please indicate whether you consent to images of your child being used for these purposes:

- **Yes**, I consent to the use of images of my child/children in the class photo, the school photo, the year-end slide show, and the yearbook.
- **No**, I DO NOT consent to the use of images of my child/children in the class photo, the school photo, the year-end slide show, and the yearbook.

**D. Publication, Broadcast, Social Media and Website Postings of Photographs, Names, Video Images**

Photographs of the students may be published in RJDS brochures, pamphlets or other publications which may be distributed widely, and photographs and videos containing images of the children may be posted or broadcast on the web, social media, on television, or shown at public events involving RJDS.

- **Yes**, I consent for images of my child/children to be used, published, broadcast, or posted for the purposes described above.
- **No**, I DO NOT consent for images of my child/children to be used, published, broadcast, or posted for the purposes described above.

From time to time, while at RJDS holiday events, field trips, school promotional or fundraising activities, community events and activities, students and parents may be photographed or filmed by other parents or grandparents, staff, media, or contractors retained by RJDS. RJDS may collect, use, and disclose images of the students for the purposes of:

- promoting the school and school events and activities within or outside the Jewish community.
- promoting and enhancing the reputation of RJDS and its students.
- developing and deepening ties with other Jewish institutions in our community.
- improving our website; and fundraising and marketing.

**E. Other Activities**

For your information, from time to time, photographs or videos may be taken of the students by other organizations when RJDS participates in activities outside of the school. For example, this includes RJDS student visits to Chabad Richmond and Beth Tikvah, participation in Festival Ha'Rikud, and sports tournaments. If you do not wish your child to be photographed while engaged in these types of activities, please inform the school office in writing by sending an email to [info@rjds.ca](mailto:info@rjds.ca). While RJDS cannot control how other organizations collect personal information, we will try, where practical, to communicate your preference to them.

Signature of Parent/Guardian:

Print Name:

Date: (dd/mm/yyyy)



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## 2026 -2027 Short Field Trip Permission

It is our policy that we notify parents when we plan special field trips. We may, however, from time to time, go on spontaneous short field trips (such as the park, library and short walks). We undertake these activities to provide a stimulating program for your child/children and wish to obtain your support and consent.

I give consent for my child(ren): \_\_\_\_\_  
to be taken for short field trips, walks, etc. supervised by a staff member at Richmond Jewish Day School prior to notification.

---

Parent/Guardian Signature

---

Date

### Release Form

I understand that I assume all risks and hazards incidental to the conduct of this activity, and hereby release, absolve, indemnify, and hold harmless RJDS of all claims or injuries arising therefrom.

---

Parent/Guardian Signature

---

Date



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**2026 -2027**  
**Pre-Authorized Debit Form**

**FAMILY NAME:**

I authorize Richmond Jewish Day School to debit the bank account identified below for tuition payments totaling \$\_\_\_\_\_ as follows:

- ☐ Registration deposit in the sum of\_\_\_\_\_.
- ☐ Tuition fees paid over 10 months on the first business day of each month from July 2026 to April 2027.

**PAYOR INFORMATION**

Name(s):

Signature:

Date:

Address/Contact Information:

**FINANCIAL INFORMATION** (Please attach a void cheque.)

Account Number:

Branch Transit Number (5 digits):

Financial Institution Number (3 digits):

Financial Institution Name:

Financial Institution Address

I may revoke my authorization at any time, subject to providing notice of 10 business days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD agreement, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).



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## 2026 -2027 Release Authorization

### NOTE TO PARENTS/GUARDIANS:

Please sign and submit this form to your child's present or last attended school. Transcript reports must be submitted to Richmond Jewish Day School, and it is the responsibility of the parents to ensure that they are received with their registration.

Dear School Administrator,

The student named below has applied for admission to Richmond Jewish Day School. I hereby authorize you to release my child's records to Richmond Jewish Day School.

I also authorize the administration and teachers to provide information if contacted by Richmond Jewish Day School. **All information is treated confidentially.**

Student's Name:

Date of Birth (dd/mm/yyyy):

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Current Grade:

Applying for Grade:

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Please return a copy of this release form to Richmond Jewish Day School with the following records.

- Teacher Recommendation Form for students entering grades 1-7
- All student progress reports and/or evaluation reports
- Transcript of grades and progress reports
- Standardized test scores
- Psychological evaluations (if applicable)
- Disciplinary records
- Attendance records

Parent(s) /Guardian(s) Signature:

Date:

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Records to be sent by mail or email to:

**Richmond Jewish Day School**

8760 No 5 Road, Richmond BC V6Y 2V4

info@rjds.ca



**2026 -2027**  
**Teacher Recommendation Form for Students entering Grades 1-7**

DATE DUE: As soon as possible, but **no later than June 15, 2026.**

To the Parent/Guardian: Please ask your child's current teacher to complete this form and send it to info@rjds.ca.

Student's Name:

Current Grade:

Grade Entering:

Date of Birth(dd/mm/yyyy):

By submitting this evaluation form, you hereby release the evaluator and the evaluator's employer from any and all claims and liability that may arise from the providing obtaining or using the form and the substance of the information provided by the evaluator. All information provided on the attached evaluation form will be held in strict confidence and will not be shared with students, parents or guardians. This will remain confidential and not become part of the student's permanent academic record.

Parent(s) /Guardian(s) Signature:

Date:

To the Evaluator: Your appraisal of this student will be of invaluable assistance in giving us a complete, fair evaluation. We appreciate your cooperation. Your evaluation will be kept confidential.

How long and in what capacity have you known the student?

<b>English / Language Arts</b>	<b>Excellent</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>	<b>No Judgment</b>
Reading Comprehension					
Verbal Expression					
Written Expression – Composition					
Written Expression – Grammar					
<b>Math</b>	<b>Excellent</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>	<b>No Judgment</b>
Ability to Grasp New Concepts					
Analytical Ability					
Application of Skills					
Knowledge of Basic Skills					





Academic Skills	Excellent	Above Average	Average	Below Average	No Judgment
Academic Potential					
Creativity					
Critical / Abstract Thinking Skills					
Determination / Effort					
Intellectual Curiosity					
Motivation					
Oral Expression					
Organizational Skills					
Study Skills					
Work Skills	Excellent	Above Average	Average	Below Average	No Judgment
Ability to Work in a Group					
Ability to Work Independently					
Attention Span					
Class Participation					
Completes Assignments on Time					
Fine Motor Skills					
Follows Directions					
Takes Initiative					
Self-Advocacy					
Social Skills & Personal Qualities	Excellent	Above Average	Average	Below Average	No Judgment
Attitude Toward School					
Concern for Others					
Leadership Potential					
Peer Relations					
Reaction to Criticism / Setbacks					
Relationship with Adults					
Responsibility					
Self-Confidence					
Self-Control					
Sense of Humor					
Spirit of Cooperation					
Warmth of Personality					

Areas in which the applicant has the greatest strengths:

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Areas in which the applicant has the greatest needs:

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Special Services / Program Supports

- |   |  |
|---|--|
| <input type="checkbox"/> Gifted                         | <input type="checkbox"/> Modified Curriculum             |
| <input type="checkbox"/> Preferential Seating           | <input type="checkbox"/> Extended Time                   |
| <input type="checkbox"/> Psycho-Educational Evaluation  | <input type="checkbox"/> IEP (Individual Education Plan) |
| <input type="checkbox"/> Learning Assistance / Resource | <input type="checkbox"/> Educational Assistance          |
| <input type="checkbox"/> Assistive Technology           |  |

Do you have any reason to question the applicant's academic, personal or emotional integrity/maturity?

☐ Yes   ☐ No   If yes, please explain:

---

What three words come to mind when you think of the student?

---

Please describe parental support/involvement:

---

Additional comments:

---

---

---

Thank you for taking the time to evaluate this applicant. May we contact you if we have questions?

Teacher's Name:

Email:

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**2026 – 2027**

## **Parent Advisory Council & Parent Participation Program**

We believe that an effective school is one in which parents and the community support the school. Research shows that children have a more positive outlook at school when their parents are actively involved. Parents are encouraged to participate in various school activities by sharing their skills, talents and time. We value all contributions which parents make as they enhance the educational experience for all our children.

### **Parent Advisory Council & Parent Participation Program**

The primary purposes of a Parent Advisory Council (PAC) are to:

- Provide a forum for consultation between the school and parents on matters of general concern to the school community.
- Assist with and contribute to various school related activities.
- Promote the development of positive school community relations.

All parents of the school are members of the Parent Advisory Council - a volunteer-based committee of RJDS Parents. We encourage you to attend our meetings with the School Administration and PAC Executive. PAC works in a variety of ways for the benefit of students, staff and the school community. We aim to communicate with parents about school events and programs; communicate with school staff on behalf of parents; provide opportunities for parent education; raise funds for school equipment, projects, and activities; and organize social events to promote the development of a healthy school community.

Please contact the PAC President at [rjds.pac@gmail.com](mailto:rjds.pac@gmail.com) for more information about PAC and how you can become more actively involved in the RJDS community.

**Membership dues are just \$36 per year per family and are collected with tuition fees.**

### **PPP Hours & Tracking**

RJDS uses an online tracking program, for parents to track their PPP hours. This system automates and simplifies the volunteer process. Each family will have their own unique password to login where they can record their hours. Please contact PAC to access your login information. Recording should be an ongoing process to ensure accountability for your hours. The recording of volunteer hours will be based on an honour system and will be monitored regularly to ensure accuracy.

See below for PPP hours required by your family:

- If a parent has a child(ren) in K-7: A total of 18 hours is required by the end of the school year (9 hours prior to the end of December and remaining 9 hours by the end of June)

*Please Note: Pro-rated hours will be required for families who register their children at RJDS K-7 after December.*



RICHMOND  
JEWISH  
DAY SCHOOL

If parents (or family members) are unable to complete the required hours, a PPP payment will be required. The school will automatically withdraw funds using the information provided on the Tuition PAD Agreement Form as per the schedule below.

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I have at least one child at Richmond Jewish Day School and authorize the school to debit the bank account identified on the Tuition PAD Agreement Form for the amount of \$150 on the 1st day of January and July of the current school year or on the first business day thereafter for incomplete PPP hours. **If I have completed the required PPP hours, there will be no charges to my account.**

*Please Note: A refund will be issued if the full 18-hour requirement (for parents of K-7 students) is met by the end of June.*

Parent (Payor) Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Email: \_\_\_\_\_

*I may revoke my authorization at any time, subject to providing notice of 10 business days. To obtain a sample cancellation form, or for any more information on my right to cancel a PAD agreement, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca). I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)*