



Cheder Levi Yitzchok Application Form

Student Details

First Name *

Legal First Name

Middle Name

Middle Name

Family Name: *

Hebrew Name *

Preferred Name: *

Hebrew D.O.B: *

DD/Hebrew Month/Hebrew Year

Gender: *

Male

Female

Citizenship Status: *

Australian Citizen
Permanent Resident

Child resides with: *

Both Parents
Mother
Father
Grandparents
Guardian

Child's Current School Year Level: *

Kinder/ Pre-Prep
Not yet in formal care

We may ask to obtain information from your child's previous school. Do you authorise Cheder to contact your child's previous school? *

Yes
No

D.O.B: *



Day Month Year

Do you have any school age children enrolled at a school other than Cheder/ Bnos Chana? *

Yes
No

How does your family align with the values of Cheder Levi Yitzchok? *

What are three key aspirations for your child's education? *

What are three areas of interest for your child outside of their academic interests? *

Parent/ Guardian Details

Parent/ Guardian A

Relationship to Child: *

Gender: *

Male

Female

Title: *

Mr

Mrs

Rabbi

Dr

Family Name: *

First Name: *

Legal First Name

Middle Name:

Middle Name

Email Address: *

example@example.com

Mobile Number *

Work Number

Title: *

Mr

Mrs

Rabbi

Dr

Family Name: *

D.O.B: *



Month Year

Middle Name:

Middle Name

Home Number

Postal Address (If Different to Home Address):

No. and Street Name

Suburb

State

Postcode

Country

Home Address: *

No. and Street Name

Suburb

State

Postcode

Country

Parent/ Guardian B

Email Address: *

example@example.com

Home Number:

First Name: *

Legal First Name

Work Number:

Does your child have any special abilities that would be relevant to the school? *

Yes

No

D.O.B: *



Day Month Year

Does your child have any special needs, learning difficulties, or an assessed medical condition? *

Yes

No

Mobile Number: *

If you have selected 'Other', please provide more details on your child's condition:

Home Address (If Different to Parent/Guardian A Home Address)

No. and Street Name

Suburb

State

Postal Address (If Different to Home Address)

No. and Street Name

Suburb

State

Postcode

Country

Details of testing undertaken:

Schooling

Cheder Levi Yitzchok offers students a combined religious instruction and registered schooling program comprising high-quality Jewish and general education infused with the values and ethos of Torah, as illuminated by Chabad Chassidism and the teachings of the Rebbe. More information can be found in the School Mission and Philosophy document.

Student's Medical Details

Please provide relevant information relating to any special abilities or needs that your child may have, including the results of any testing that has been done. (Failure to disclose may result in the withdrawal of an enrolment offer). Please attach any documentation ie; medical reports, assessments etc, etc.

Has your child had any testing/ assessments done that the school should be aware of that would be beneficial to your child's learning development? *

Yes

No

Is there any other information about your child that we should know? *

School: *

Contact Person: *

Phone Number *

Area Code

Phone Number

Email *

example@example.com

If yes, please specify: *

If yes, please list details below:

	Name	School Attending	Current Year Level
Sibling 1			
Sibling 2			
Sibling 3			
Sibling 4			
Sibling 5			

Sibling 6

Why have you chosen Cheder as the best place for your child to receive their education? *

If yes, please select at least one item from the list below:

Intellectual Disability

Vision Impairment

Physical disability/ Chronic Health Impairment

Hearing Impairment

Psychological/ Emotional Special Needs- including: Autism, ADHD, Asperger's Syndrome, Anxiety

Speech Impairment

General Health or Allergies

Other

If you have checked any of the conditions above, please upload all supporting documentation below in the 'Supporting Documentation' section.

What has your child previous schooling experience been like until now? *

Application Fee and Procedure

The return of the completed application together with a \$100 participation deposit constitutes confirmation that you wish your child to be placed on a waiting list for the nominated year. A representative of the Cheder will contact you to discuss your application. Please note that this deposit is non-refundable.

Supporting Documentation

Please attach a copy of the following documentation to complete your enrolment:

Collection of Personal Information

The school is required to collect personal information, including sensitive information about students and parents or guardians before and during the course of a student's enrolment at the School. By submitting this application, you consent to the collection of this information.

Credit Card Payments

Consent *

I, Parent/Guardian A, consent to the above.

Consent

I, Parent/Guardian B, consent to the above.

Preferred Method of Payment: *

Online Bank Transfer

Credit Card

I wish to pay the application fee using my credit/debit card *

Yes

No

Online Bank Transfer

If you have selected

Cheder uses a third party application to process payment by credit or debit card. This will include a surcharge of 2.09%

Bank: ANZ Bank

Account Name: Cheder Levi Yitzchok Inc

BSB: 013-606

Account Number: 1920-12494.

Please ensure reference states: Last Name - 2022

I have made a Bank Transfer to Cheder's Online Account on this date: *



Day Month Year

Receipt Number: *

Relationship to Child: *

Thank you!

Thank you for completing our Application Form. The enrolment officer from Cheder will be in touch with you shortly to discuss your application with you in more detail.

Gender: *

Male

Female