

**Return this form to Ellie by February 3, 2012**  
**Scan to [e.kamil@theojcs.ca](mailto:e.kamil@theojcs.ca) or Fax to 613 722-7346**

Parent Name \_\_\_\_\_  
 Contact info: Email \_\_\_\_\_

Please mark your preference for interview day (if you don't have a 2<sup>nd</sup> or 3<sup>rd</sup> choice, select the same time as your first choice).

First choice:           Wed.: \_\_\_ 3-5 pm           Wed.: \_\_\_ 6-9 pm           Thu.: \_\_\_ 6:30pm – 9:00pm  
 Second choice:       Wed.: \_\_\_ 3-5 pm           Wed.: \_\_\_ 6-9 pm           Thu.: \_\_\_ 6:30pm – 9:00pm  
 Third choice:         Wed.: \_\_\_ 3-5 pm           Wed.: \_\_\_ 6-9 pm           Thu.: \_\_\_ 6:30pm – 9:00pm

**Please indicate any day and time when you cannot attend an interview.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Clearly indicate the teachers you wish to see.**

Student #1 – Name, Grade & Class	Student #2 – Name, Grade & Class	Student #3 – Name, Grade & Class
<input type="checkbox"/> Aizenberg, Ada <input type="checkbox"/> Bennett, Julie <input type="checkbox"/> Braun, Sheli. <input type="checkbox"/> Braun, Rabbi E. <input type="checkbox"/> Cinanni, Stephane <input type="checkbox"/> Cleveland, Chelsea <input type="checkbox"/> Coghlin, Deanna <input type="checkbox"/> Colbourne, Marlene <input type="checkbox"/> Darwish, Janet <input type="checkbox"/> Finkelstein, Rabbi H. <input type="checkbox"/> Goldstein, Bethany <input type="checkbox"/> Gordon, Keren <input type="checkbox"/> Graham, Heather <input type="checkbox"/> Grebler, Ricki <input type="checkbox"/> Kugler, Rachel <input type="checkbox"/> Lamb, Brian <input type="checkbox"/> Lebovich, Ruth <input type="checkbox"/> Levinson, Sarah <input type="checkbox"/> Mackintosh, Fiona <input type="checkbox"/> Mervin, Tamara <input type="checkbox"/> Morenstein, Darren <input type="checkbox"/> Myhill, Beata <input type="checkbox"/> Place, Warren <input type="checkbox"/> Rapoport, Ann-Lynn <input type="checkbox"/> Reiss, Noga <input type="checkbox"/> Rodal, Shaya <input type="checkbox"/> Signer, Linda <input type="checkbox"/> Veaudry, Stacy	<input type="checkbox"/> Aizenberg, Ada <input type="checkbox"/> Bennett, Julie <input type="checkbox"/> Braun, Sheli <input type="checkbox"/> Braun, Rabbi E. <input type="checkbox"/> Cinanni, Stephane <input type="checkbox"/> Cleveland, Chelsea <input type="checkbox"/> Coghlin, Deanna <input type="checkbox"/> Colbourne, Marlene <input type="checkbox"/> Darwish, Janet <input type="checkbox"/> Finkelstein, Rabbi H. <input type="checkbox"/> Goldstein, Bethany <input type="checkbox"/> Gordon, Keren <input type="checkbox"/> Graham, Heather <input type="checkbox"/> Grebler, Ricki <input type="checkbox"/> Kugler, Rachel <input type="checkbox"/> Lamb, Brian <input type="checkbox"/> Lebovich, Ruth <input type="checkbox"/> Levinson, Sarah <input type="checkbox"/> Mackintosh, Fiona <input type="checkbox"/> Mervin, Tamara <input type="checkbox"/> Morenstein, Darren <input type="checkbox"/> Myhill, Beata <input type="checkbox"/> Place, Warren <input type="checkbox"/> Rapoport, Ann-Lynn <input type="checkbox"/> Reiss, Noga <input type="checkbox"/> Rodal, Shaya <input type="checkbox"/> Signer, Linda <input type="checkbox"/> Veaudry, Stacy	<input type="checkbox"/> Aizenberg, Ada <input type="checkbox"/> Bennett, Julie <input type="checkbox"/> Braun, Sheli <input type="checkbox"/> Braun, Rabbi E. <input type="checkbox"/> Cinanni, Stephane <input type="checkbox"/> Cleveland, Chelsea <input type="checkbox"/> Coghlin, Deanna <input type="checkbox"/> Colbourne, Marlene <input type="checkbox"/> Darwish, Janet <input type="checkbox"/> Finkelstein, Rabbi H. <input type="checkbox"/> Goldstein, Bethany <input type="checkbox"/> Gordon, Keren <input type="checkbox"/> Graham, Heather <input type="checkbox"/> Grebler, Ricki <input type="checkbox"/> Kugler, Rachel <input type="checkbox"/> Lamb, Brian <input type="checkbox"/> Lebovich, Ruth <input type="checkbox"/> Levinson, Sarah <input type="checkbox"/> Mackintosh, Fiona <input type="checkbox"/> Mervin, Tamara <input type="checkbox"/> Morenstein, Darren <input type="checkbox"/> Myhill, Beata <input type="checkbox"/> Place, Warren <input type="checkbox"/> Rapoport, Ann-Lynn <input type="checkbox"/> Reiss, Noga <input type="checkbox"/> Rodal, Shaya <input type="checkbox"/> Signer, Linda <input type="checkbox"/> Veaudry, Stacy