Commission scolaire English-Montréal
English Montreal School Board

SCHOOL INFORMATION (For School Staff)

School Code:		GPI Fiche #:	
Building Code:		Quebec Permanent	
GPI Start Date (YY/MM/DD):		Code (IF AVAILABLE):	

Level: [   ]   Grade: [   ]   Homeroom: [   ]

STUDENT IDENTIFICATION

Last Name(s):		Country of Birth:
First Name(s):		Province of Birth:
Middle Name(s):		City of Birth:
Date of Birth:	YEAR / MONTH / DAY	

Gender (MANDATORY – CHECK ONE)   ☐ Male (M)   ☐ Female (F)   ☐ Non-binary (X)

Medicare No: _____
Expiry Date: _____

Mother Tongue: _____   Language Spoken at home: _____

PERSON LEGALLY RESPONSIBLE (CHECK ONE)

☐ Both Parents   ☐ Parent 1 only   ☐ Parent 2 only   ☐ Guardian

Parent 1 - Information

Last Name(s):		Deceased ☐
First & Middle Name(s):		Social Ins No:
Place of Birth (Mandatory):		Mobile #:
Date of Birth (YY/MM/DD):		E-Mail Address:

Education (CHECK ONE) :

Parent 2 - Information

Last Name(s):		Deceased ☐
First & Middle Name(s):		Social Ins No:
Place of Birth (Mandatory):		Mobile #:
Date of Birth (YY/MM/DD):		E-Mail Address:

Education (CHECK ONE) :

Guardian - Information

Last Name(s):		
First & Middle Name(s):		Social Ins No: Mobile
Place of Birth (Mandatory):		Mobile #:
Date of Birth (YY/MM/DD):		E-Mail Address:

Gender (MANDATORY - CHECK ONE)   ☐ Male (M)   ☐ Female (F)   Education (CHECK ONE) :

Education Legend:

(A) Elementary studies or less; (B) Secondary studies (not completed); (C) Secondary School Diploma (D.E.S.) or Equivalent (G.E.D.); (D) College Studies (not completed); (E) College Studies (D.E.C.) diploma; (F) Technical/Vocational D.E.P.; (G) University studies (not completed); (H) University Degree; (I) Other

EMERGENCY CONTACT:

(For BUS Purposes- Preferably a Parent)	(For SCHOOL Purposes- Other than a Parent)
Contact Name:	Contact Name:
Telephone:	Telephone:

ADDRESS:

Both Parents ☐   Parent 1 only ☐   Parent 2 only ☐   Guardian ☐

Civic No.		City
Direction		Province	Quebec
Type of Street		Postal Code
Street Name			Parent 1 - Work #
Apartment, if any		Home #	Parent 2 - Work #

Second Address (for Joint Custody Only)

☐ Parent 1 only   ☐ Parent 2 only   ☐ Guardian

Civic No.		City
Direction		Province
Type of Street		Postal Code
Street Name		
Apartment, if any		Home #	Parent Work #

SIGNATURE

I hereby authorize the teaching institution to process the personal information on this form for the management of my child's educational services. If my child changes school I authorize the teaching institution to transfer this personal information if required, to the new teaching institution.

_____   _____   _____
Signature of Parent or Guardian   Signature of Principal   Date: Year / Month/ Day