



SCHOOL INFORMATION (Reserved for school staff)

School Code:		Student ID #:	
Building Code:		Quebec Permanent Code (IF AVAILABLE):	
GPI Start Date (YY/MM/DD):			
Level:		Grade:	
		Homeroom:	

STUDENT IDENTIFICATION (AS INDICATED ON THE BIRTH CERTIFICATE)

Last Name(s):		Country of Birth:	
First Name(s):		Province of Birth:	
Middle Name(s):		City of Birth:	
Date of Birth:			
YYYY / MM / DD			
Gender:	Male (M) Female (F) Non-binary (X)	Medicare No:	
		Expiry Date:	
Mother Tongue:		Other Languages Spoken:	

PERSON LEGALLY RESPONSIBLE (AS INDICATED ON THE BIRTH CERTIFICATE)

<input type="checkbox"/> Both Parents	<input type="checkbox"/> Parent 1 only	<input type="checkbox"/> Parent 2 only	<input type="checkbox"/> Guardian
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Parent 1 - Information

Last Name(s):		Deceased:	
First & Middle Name(s):		SIN:	
Province or Country of Birth:		Mobile Telephone:	
Date of Birth (YYYY/MM/DD):		Email Address:	
Level of Education Completed:			

Parent 2 - Information

Last Name(s):		Deceased:	
First & Middle Name(s):		SIN:	
Province or Country of Birth:		Mobile Telephone:	
Date of Birth (YYYY/MM/DD):		Email Address:	
Level of Education Completed:			

Guardian - Information

Last Name(s):		SIN	
First & Middle Name(s):		Mobile Telephone:	
Province or Country of Birth:		Email Address:	
Date of Birth (YYYY/MM/DD):		Level of Education Completed:	
Gender:	Male (M) Female (F)		

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 School Transportation Purposes - preferably a parent)		(For School Purposes- other than a parent)	
Contact Name:		Contact Name:	
Telephone:		Telephone:	

PRIMARY ADDRESS:

Both Parents <input type="checkbox"/>	Parent 1 only <input type="checkbox"/>	Parent 2 only <input type="checkbox"/>	Guardian <input type="checkbox"/>
Civic Number		Municipality	
Street Direction		Province	Quebec
Type of Street		Postal Code	
Street Name		Telephone (HOME):	
Apartment (if any)		Telephone (OTHER):	

Second Address (Joint Custody)

	Parent 1 only	Parent 2 only	Guardian
Civic Number		Municipality	
Street Direction		Province	Quebec
Type of Street		Postal Code	
Street Name		Telephone (HOME):	
Apartment (if any)		Telephone (OTHER):	

SIGNATURE

I confirm that the information above is accurate and that I have provided proof of residence during the registration process. If any changes occur during the school year, I will notify the school in writing to ensure the student file remains accurate and up-to-date. I authorize the educational institution to use the personal information on this form and to forward it to another school within the EMSB, in the event of a transfer.

Signature of Parent or Guardian	Signature of Administration	Date (YYYY/MM/DD)
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