



École secondaire John F. Kennedy High School

REGISTRATION PACKAGE 2026-2027

In order for your child's registration to be considered, John F Kennedy must be in possession of the following documents:

Please Submit the following documents:	Born in QUEBEC	Born outside Quebec	International Students	
Student Information Form				
Long Form Birth certificate with both parents' names (2 copies)				
English eligibility certificate (2 copies)				
Student Report card from previous school year				
Student's most recent report card				
Emergency Health Records Form				
Authorization to Release Information Form				
Portrait of a Student Form				
EMSB consent to photograph form				
Student Expectations Form				
Student Course Selection Form				
Inter-board agreement (<i>if applicable</i>)				
IEP (<i>if applicable</i>)				
Immigration Papers* (<i>2 copies</i>)				
Proof of residency 1** (<i>2 copies</i>)				
Proof of residency 2** (<i>2 copies</i>)				
Do you have diplomatic status?			Yes	No
Protocol (if holds diplomatic status)				

John F Kennedy High School Student Information Form

Student Information (please print clearly)

Family Name: _____ Given Name: _____
Gender: _____ Birth Date (Day / Month / Year): ____ / ____ / ____
Street Address: _____ City: _____ Postal Code: _____
Mother Tongue: _____ Languages spoken at home: _____
Medicare number and expiry date: _____ Exp. ____ / ____
Name of Present School: _____ Grade: _____
Present program (circle 1): English Core Bilingual Immersion French Other: _____
Siblings presently at John F Kennedy High School: _____

Parent(s)/Guardian(s) Information (please print clearly)

Name of person(s) legally responsible: _____
Student is living with (circle one): Both parents Parent 1 Parent 2 Guardian

Parent 1

Name: _____ Relationship to student: _____
Place of Birth: _____ Date of Birth: _____
Email (required): _____ Cell number: _____
Main number (required): _____ Work number: _____
Street Address: _____ City: _____ Postal Code: _____

Parent 2

Name: _____ Relationship to student: _____
Place of Birth: _____ Date of Birth: _____
Email (required): _____ Cell number: _____
Main number (required): _____ Work number: _____
Street Address: _____ City: _____ Postal Code: _____

Guardian Name:

Name: _____ Relationship to student: _____
Place of Birth: _____ Date of Birth: _____
Email (required): _____ Cell number: _____
Main number (required): _____ Work number: _____
Street Address: _____ City: _____ Postal Code: _____

Emergency Contact Information:

Full contact name: _____
Relationship to student: _____
Home number: _____ Cell number: _____ Work number: _____
Email: _____

Legal Parent/Guardian Name: _____

Legal Parent/Guardian Signature: _____

Date: ____ / ____ / ____



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AUTHORIZATION TO RELEASE INFORMATION

Student`s Family Name	Student`s First Name
Student`s Date of Birth (Year/Month/Day)	Permanent Code
Parent 1 Family Name First Name	Parent 2 Family Name First Name
Relationship to Student:	Relationship to Student:

I, the undersigned authorize

Person`s Name and Title (School Administrator):
Name of Present School:
Address
City/Province/Postal Code

to send the following information

- ☐ Psychological/psycho-educational
- ☐ Psychiatric (full diagnostic report)
- ☐ Speech/language
- ☐ Occupational therapy
- ☐ Academic reports (e.g. IEP, Progress notes)
- ☐ Other: _____

concerning the above-mentioned child to:

*Student Services
John F Kennedy High School
3030 rue Villeray, Montreal, Qc
H2A 1E7*

Signature of Parent or Authorized Person	Date (Year/Month/Day)
Witness to the Signature	Date (Year/Month/Day)



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COURSE SELECTION/INFORMATION 2026-2027

Student's Name: _____

Student is applying to Grade (circle 1): 7 8 9 10 11

Is your child writing any other school's entrance examinations? Yes OR No
If yes, which school(s)? _____

Is your child presently on a waiting list at another school? Yes OR No
If yes, which school(s)? _____

All students in grades 7 and 8 will take the following courses

Grade 7	Grade 8
Culture and Citizenship in Quebec English Language Arts French Second Language History & Geography Literacy Mathematics Multimedia Physical Education Science & Technology Visual Arts	Culture and Citizenship in Quebec English Language Arts French Second Language History & Geography Mathematics Multimedia Physical Education Science Visual Arts

For new students entering Grade 9, 10 or 11, please choose below:
(subject to minimum grade requirements on previous year's report card)

FRENCH level (circle 1): Second Language OR Enriched

For new students entering Grade 10 or 11, please choose below:
(subject to prerequisites & minimum grade requirements on previous year's report card)

Mathematics Option (circle 1): Cultural, Social and Technical OR Scientific

Parent Full Name: _____

Parent's Signature: _____ Date: _____

JOHN F KENNEDY HIGH SCHOOL

Emergency Health Records 2026-2027

JOHN F KENNEDY HIGH SCHOOL

Additional information

(Fill only if your child has health problems that might require immediate intervention at school)

Has your child's state of health changed since last year: Yes ☐ No ☐

Does your child suffer from:

SEVERE ALLERGY : To	➤ Food :	Yes ☐	No ☐
	➤ Insect bites:	Yes ☐	No ☐
	➤ Other:	Yes ☐	No ☐
	or ASTHMA :	Yes ☐	No ☐
If so, specify : _____			
Emergency medication :	Yes ☐	EpiPen or Twinject or Allerject :	Yes ☐ No ☐
	No ☐	Other :	_____

DIABETES:	Yes ☐	No ☐
Emergency medication :	Yes ☐	Specify : _____
	No ☐	
☐ Emergency care plan: _____		
Other information in case of emergency _____		

OTHERS : Does your child suffer from any other problems that may require immediate assistance at school ?	Yes ☐	No ☐
If so, specify : _____		
Medical recommendation in case of emergency :	Yes ☐	No ☐
Specify : _____		

I authorize the CSSS to keep this information on file, in a confidential manner and I authorize the CSSS nurse to transmit the information contained in this document to the school staff who may have to intervene in case of emergency.		
_____ Signature of parent/guardian	Date : ____ / ____ / ____ Year Month Day	
Changes in the state of health (during the school year): _____ _____ _____ _____ _____ _____		

JOHN F KENNEDY HIGH SCHOOL

To be completed by Parent/Guardian

Parents, please take the time to complete the following to get a more accurate portrait of who your child is; a portrait that a report card cannot fully represent.

Student's Name: _____
Family Name Given Name

Parent/Guardian Name: _____
Family Name Given Name

Student's Academic History

Student's Previous Schools: _____ **Grade(s) :** _____
_____ **Grade(s) :** _____
_____ **Grade(s) :** _____

What is the last grade your child successfully completed? _____

Has your child ever received any academic, sports, improvement or behavior awards?

Please describe _____

Has your child ever skipped a level or been accelerated in a subject?

Has your child ever repeated a level? Indicate level: _____

Has your child had remedial help? Please indicate subject(s), level(s) and frequency.

Has your child ever had an individualized educational plan or other resource services?

☐ Yes If yes, please include copy of the IEP ☐ No

Is there anything about your child's behavior that you would want us to know or which will help us to understand your child better? You may include interests, hobbies, study patterns, health issues, social issues, strengths and weaknesses.



École secondaire John F. Kennedy High School
3030 rue Villeray Est, Montréal, Québec H2A 1E7
Tel: (514) 374-1449 / Fax: (514) 374-2224
<http://www.emsb.qc.ca/jfk>

Student Expectations: 2026-2027

- All students shall adhere to the school dress code.
- All students are expected to arrive on time and attend all scheduled classes daily.
- All students must work to the best of their abilities and cooperate with their teachers.
- Students are expected to be respectful towards each other, the staff, and any other adult.
- There will be zero tolerance for any student who makes it difficult for a teacher to teach or student to learn.

We have informed ourselves of the John F Kennedy High School expectations. We understand the contents and shall adhere to its implications.

Parent or legal guardian's signature

Student's signature

Date: _____

Parent/Guardian's e-mail: _____

No registration is accepted without the parent (or legal guardian) signature **and** student signature.



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APPENDIX A

Consent to Photograph, Record, Video Students and Publish, Display, Distribute or Broadcast Students' Image or Work and Assign Student Email

During the course of the school year, students at John F Kennedy High School are occasionally videotaped, recorded and or photographed for a variety of reasons, including school awards, special recognition, yearbooks, video projects and news programming. The student's name, school and grade may accompany such photographs, videos and web pages.

Some of these photographs / video images are published, displayed, distributed or broadcast outside of the school network and in these cases the School Board is required to obtain consent.

Also, during the school year, an email address may be assigned to a student.

Please fill in the requested information and check either Yes or No below to indicate whether you wish to give or not give your consent.

Student Name: _____

School: _____

I hereby release the school and the School Board from any liability or damages resulting from or connected with:

The photographing, recording or video of a student: Yes: _____ No: _____

The publishing, displaying, distribution or broadcasting of image/work: Yes: _____ No: _____

Signature: _____
Parent / Guardian / Adult Student

Date: _____

Please return this signed with your child's registration.