

STUDENT REGISTRATION FORM YOUTH SECTOR

SCHOOL YEAR: 2025-2026



Commission scolaire English-Montréal
English Montreal School Board

School:

Bldg. Code:

Start Date: _____
Year / Month / Day

Student Identification Fiche No.

Family Name(s): _____ Given Name(s): _____

Middle Names: _____

Date of Birth: _____ **M** **F** _____
Year / Month / Day Gender Quebec Permanent Code

Birth Place: _____
Country City Province

Medicare No: _____ Expiry Date: _____

Parent - Information Relationship to student: Please circle one Father or Mother

Family Name(s): _____ Given Name(s): _____

Place of Birth (Mandatory): _____ Date of Birth (YY/MM/DD): _____ Deceased

Social Ins No: _____ Please circle one Education: A B C D E F G H I

Cell No: _____ E-Mail Address: _____

Parent - Information Relationship to student: Please circle one Father or Mother

Family Name(s): _____ Given Name(s): _____

Place of Birth (Mandatory): _____ Date of Birth (YY/MM/DD): _____ Deceased

Social Ins No: _____ Please circle one Education: A B C D E F G H I

Cell No: _____ E-Mail Address: _____

Legal Guardian - Information Gender: Please circle one Male or Female

Family Name(s): _____ Given Name(s): _____

Place of Birth (Mandatory): _____ Date of Birth (YY/MM/DD): _____ Deceased

Social Ins No: _____ Education: A B C D E F G H I

Cell No: _____ E-Mail Address: _____

A: Elementary Studies or Less B: Secondary School or Equivalent without Diploma C: Secondary School Diploma or Equivalent D: Uncompleted College Studies
E: Pre-University Programs, BA in French or Equivalent F: Diploma if College Studies (Technical Programs) or Equivalent G: University Studies - not completed
H: University Diploma I: Other

Person Legally Responsible

1: Both Parents 2: Father 3: Mother 4: Guardian Joint Custody

Student Information:

Mother Tongue: _____ Language spoken at home: _____

Level: _____ Grade: _____ Homeroom: _____

Address 1: Both Parents 2: Father 3: Mother 4: Guardian

Civic No Direction Street Type Street Apartment

City P.O. Box Province Postal Code

() - ext. () - ext. () - ext.

Home Phone No: _____ (Parent 1) Work No: _____ (Parent 2) Work No: _____

Address 2 (Joint Custody Only) 2: Father 3: Mother

Civic No Direction Street Type Street Apartment

City P.O. Box Province Postal Code

() - ext. () - ext. () - ext.

Home Phone No: _____ (Father) Work No: _____ (Mother) Work No: _____

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