

STUDENT REGISTRATION FORM YOUTH SECTOR

SCHOOL YEAR: 2026-2027



Commission scolaire English-Montreal
English Montreal School Board

School: L.I.N.K.S. High School

Bldg. Code: 109

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