

STUDENT REGISTRATION FORM YOUTH SECTOR

SCHOOL YEAR: 2021-2022		 Commission scolaire English-Montréal English Montreal School Board	
School:	<input type="text" value="Pierre de Coubertin School"/>	Bldg. Code:	<input type="text" value="011"/>
		Start Date:	<input type="text" value="2021/08/24"/>
		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 1 - Information		Relationship to Student:	
		Father or Mother	
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:	
Parent 2 - Information		Relationship to Student:	
		Father or Mother	
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:	
Legal Guardian - Information		Gender:	
		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:	
<small>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</small>			
Person Legally Responsible			
1: Both Parents <input type="checkbox"/> 2: Father <input type="checkbox"/> 3: Mother <input type="checkbox"/> 4: Guardian <input type="checkbox"/> Joint Custody <input type="checkbox"/>			
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 <input type="checkbox"/> 3: Mother <input type="checkbox"/>	
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	