



SCHOOL INFORMATION (For School Staff)

School Code:		GPI Fiche #:	
Building Code:		Quebec Permanent	
GPI Start Date (YY/MM/DD):		Code (IF AVAILABLE):	
Level:		Grade:	
			Homeroom: <input type="text"/>

STUDENT IDENTIFICATION

Last Name(s):		Country of Birth:				
First Name(s):		Province of Birth:				
Middle Name(s):		City of Birth:				
Date of Birth:		YEAR / MONTH / DAY				
Gender		Medicare No:				
(MANDATORY - CHECK ONE)	Male (M)	Female (F)	Indeterminate (X)	Non-binary (I)	Expiry Date:	
Mother Tongue:		Language Spoken at home:				

PERSON LEGALLY RESPONSIBLE (CHECK ONE)

Both Parents	Parent 1 only	Parent 2 only	Guardian
Parent 1 - Information			
Last Name(s):		Deceased	
First & Middle Name(s):		Social Ins No:	
Place of Birth (Mandatory):		Mobile #:	
Date of Birth (YY/MM/DD):		E-Mail Address:	
Education (CHECK ONE) :			
Parent 2 - Information			
Last Name(s):		Deceased	
First & Middle Name(s):		Social Ins No:	
Place of Birth (Mandatory):		Mobile #:	
Date of Birth (YY/MM/DD):		E-Mail Address:	
Education (CHECK ONE) :			
Guardian - Information			
Last Name(s):		Social Ins No: Mobile	
First & Middle Name(s):		#:	
Place of Birth (Mandatory):		E-Mail Address:	
Date of Birth (YY/MM/DD):			
Gender (MANDATORY - CHECK ONE)	Male (M)	Female (F)	Education (CHECK ONE) :

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 BUS Purposes- Preferably a Parent)		(For SCHOOL Purposes- Other than a Parent)	
Contact Name:	<input type="text"/>	Contact Name:	<input type="text"/>
Telephone:	<input type="text"/>	Telephone:	<input type="text"/>

ADDRESS:

Both Parents	<input type="checkbox"/>	Parent 1 only	<input type="checkbox"/>	Parent 2 only	<input type="checkbox"/>	Guardian	<input type="checkbox"/>			
Civic No.							City			
Direction							Province	Quebec		
Type of Street							Postal Code			
Street Name							Parent 1 - Work #			
Apartment, if any							Home #	<input type="text"/>	Parent 2 - Work #	<input type="text"/>

Second Address (for Joint Custody Only)

Parent 1 only	Parent 2 only	Guardian			
Civic No.	<input type="text"/>	City			
Direction	<input type="text"/>	Province	Quebec		
Type of Street	<input type="text"/>	Postal Code			
Street Name	<input type="text"/>	Home #	<input type="text"/>	Parent Work #	<input type="text"/>
Apartment, if any	<input type="text"/>				

SIGNATURE

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