



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:							
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:											
First & Middle Name(s):				Mobile #:											
Place of Birth (Mandatory):				E-Mail Address:											
Date of Birth (YY/MM/DD):				Education (CHECK ONE) :											
Gender (MANDATORY - CHECK ONE)		Male (M)		Female (F)											
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:				Contact Name:											
Telephone:				Telephone:											
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				Home #				Parent 1 - Work #							
Apartment, if any				Parent 2 - Work #											
Second Address (for Joint Custody Only)															
Parent 1 only				Parent 2 only				Guardian							
Civic No.				City											
Direction				Province		Quebec									
Type of Street				Postal Code											
Street Name				Home #				Parent Work #							
Apartment, if any															
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							