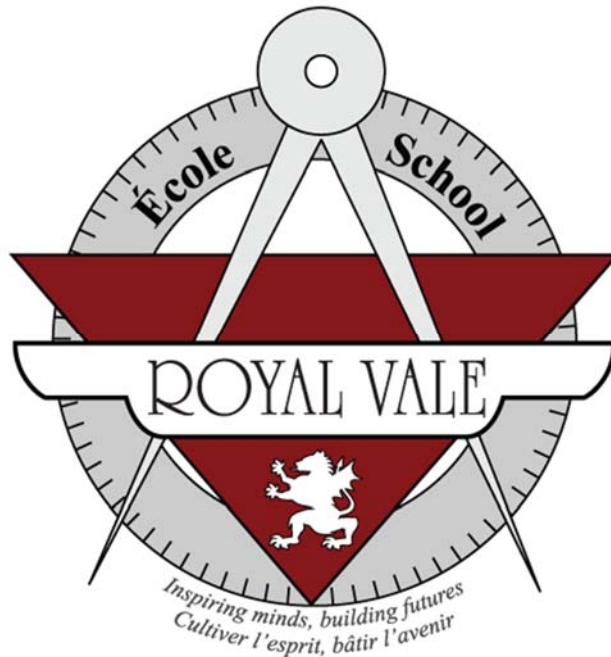


# Registration Package

## STEP 2



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## Secondary 1 For all students

202**6** – 202**7**

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Our registration information and package can also be found on our website:  
[www.emsb.qc.ca/royalvale](http://www.emsb.qc.ca/royalvale)

**The following documents must be included with the registration package:**

1. ☐ **Registration Form**
2. ☐ **English Montreal School Board Registration Form**
3. ☐ **A deposit of \$100 is required upon submitting the registration package, payable by cash, cheque or money order, made out to Royal Vale School.**
4. ☐ **Three (3) photocopies of Certificate of Eligibility.**  
In order to obtain a certificate of eligibility for students, parents must present themselves to the English Montreal School Board, 6000 Fielding Ave., Room – Law 101).
5. ☐ **Three (3) photocopies of Birth Certificate.**  
Register of Civil Status long version (mother & father's names shown) is the only one that is acceptable. If a child is born outside of Canada, a copy of the original birth certificate and a translated version in English or French must be included.

**IMPORTANT:**

For confirmation purposes, the original of the Certificate of Eligibility and the Birth Certificate must be on hand when submitting the registration package. Please do not insert them in the registration package.

6. ☐ **Immigration papers if not born in Canada:**
  - **Three (3) photocopies of Immigration papers, working permit, study permit, etc.**  
If the child is in Canada on a temporary stay.
  - **Three (3) photocopies of Canadian citizenship papers:**  
Only if the child is not born in Canada.
  - **Three (3) photocopies of child's Medicare Card:**  
Only if the child is born in another province.
7. ☐ **One (1) photocopy of student's report card from grade 5.**
8. ☐ **One (1) photocopy of student's vaccination booklet.**  
  
**Proof of residency if child is born outside of QC (lease or deed of purchase and driver's license).**

# SECONDARY 1 REGISTRATION FORM

**ACADEMIC YEAR 2026-2027**



Payment: **\$100 deposit for School Fees** ☐ Cheque# \_\_\_\_\_

**PLEASE PRINT**

Surname: \_\_\_\_\_

Given Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Sex: ☐ Male ☐ Female

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Year Month Day

Child's Birthplace: \_\_\_\_\_

Child's Mother Tongue: \_\_\_\_\_

Child's Medicare #: \_\_\_\_\_

Language Spoken at Home: \_\_\_\_\_

**Indicate your 1st, 2nd, 3rd & 4th choice by placing the number in the corresponding box:**

☐ Sports Concentration

☐ Music Concentration

☐ Fine Arts Concentration (Dance & Drama)

☐ Technology Concentration (Robotics & Coding)

**Please choose one:** ☐ Français Flex (Intermediate) ☐ Français Immersion (Advanced)

(Please note: French option will be confirmed based on entrance/placement exam)

**Student Lives With:** ☐ Both parents

☐ One parent (provide court documents)

☐ Other (please specify) \_\_\_\_\_

**Parent # 1**

☐ Parent

☐ Guardian

☐ Other

Surname: \_\_\_\_\_

Given Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Year Month Day

Birth Place: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work telephone: ( ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Cell # ( ) \_\_\_\_\_

**Parent # 2**

☐ Parent

☐ Guardian

☐ Other

Surname: \_\_\_\_\_

Given Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Year Month Day

Birth Place: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work telephone: ( ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Cell # ( ) \_\_\_\_\_

**In Case of Emergency, please contact (other than above):**

Emergency Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Tel. No.: \_\_\_\_\_

**(Parent must inform the school office in writing whenever this information changes)**



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:				*Please Check Off if you identify as Indigenous																							
		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):																											
First & Middle Name(s):				Social Ins No: Mobile																							
Place of Birth (Mandatory):				#:																							
Date of Birth (YY/MM/DD):				E-Mail Address:																							
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:						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								Parent 1 - Work #																			
Apartment, if any						Home #				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																											
Apartment, if any						Home #				Parent Work #																	
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																			

**ROYAL VALE SCHOOL  
CONFIRMATION OF ATTENDANCE  
2026-2027**

**PARENT/ GUARDIAN REPONSE:**

I, \_\_\_\_\_ acknowledge receipt of the letter of acceptance  
Parent/ Guardian name (please print)

from Royal Vale School for my daughter/son: \_\_\_\_\_

for the 2026-2027 school year and advise you of the following

**PLEASE CHECK A or B**

- A. ☐** I hereby confirm that my child **WILL ATTEND** Royal Vale School for the 2026-2027 school year. I have enclosed the Registration Package, along with the necessary documents and the cheque of \$100 (deposit) school to reserve a place for the 2026-2027 academic year. Please make your cheque payable to Royal Vale School.

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

**OR**

- B. ☐** I hereby advise you that I have registered my child in another school and therefore she/he **WILL NOT ATTEND** Royal Vale School for the 2026-2027 school year. ~~Please discard the application.~~

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

**IMPORTANT**

**Please return your confirmation to Royal Vale School immediately.**