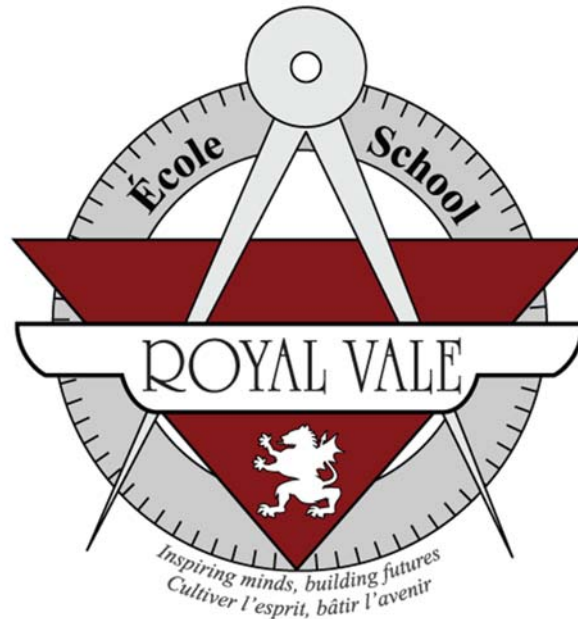


Registration Package

STEP 2



Secondary 2 to 5

202**6** – 202**7**

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

The completed registration package will be accepted in the school office, accompanied by the documents listed below as of January 12 2026.

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 most recent report card for Sec. 2-5 applicants.**
8. ☐ **One (1) photocopy of student's vaccination booklet.**

SECONDARY REGISTRATION FORM

ACADEMIC YEAR 2026-2027



Applying for: **Sec. 2 to 5 Level** _____

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: _____

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)

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 # () _____

Parent's signature: _____ **Date:** _____

Secondary 2 options to select:

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

- | | |
|------------------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Sports Concentration | <input type="checkbox"/> Music Concentration |
| <input type="checkbox"/> Fine Arts Concentration (Dance & Drama) | <input type="checkbox"/> Technology Concentration |

Please choose one: ☐ Math Secondary 2 (regular) ☐ Math Pre-AP (Sec 2 & 3 in one year)

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

Secondary 3 options to select:

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

- | | |
|------------------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Sports Concentration | <input type="checkbox"/> Music Concentration |
| <input type="checkbox"/> Fine Arts Concentration (Dance & Drama) | <input type="checkbox"/> Technology Concentration (Robotic - Coding) |

Please choose one: ☐ Français (Regular) ☐ Français Immersion (Advanced)

Secondary 4 options to select:

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

- | | | |
|--------------------------------|--------------------------------|-------------------------------------|
| <input type="checkbox"/> Music | <input type="checkbox"/> Drama | <input type="checkbox"/> Visual Art |
|--------------------------------|--------------------------------|-------------------------------------|

Please choose one: ☐ Math Cultural (CST) ☐ Math Science (SO)

Please choose one: ☐ Français (Regular) ☐ Français Immersion (Advanced)

Secondary 5 options to select:

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

- | | | |
|--------------------------------|--------------------------------|-------------------------------------|
| <input type="checkbox"/> Music | <input type="checkbox"/> Drama | <input type="checkbox"/> Visual Art |
|--------------------------------|--------------------------------|-------------------------------------|

Please choose one: ☐ Math Cultural (CST) ☐ Math Science (SO)

Please choose one: ☐ Français (Regular) ☐ Français Immersion (Advanced)

Please choose one: ☐ Science Path (Physics & Chemistry) ☐ Humanities Path (Law & Psychology)

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					
Gender				Medicare No:					
(MANDATORY - CHECK ONE)				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"/>	
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.