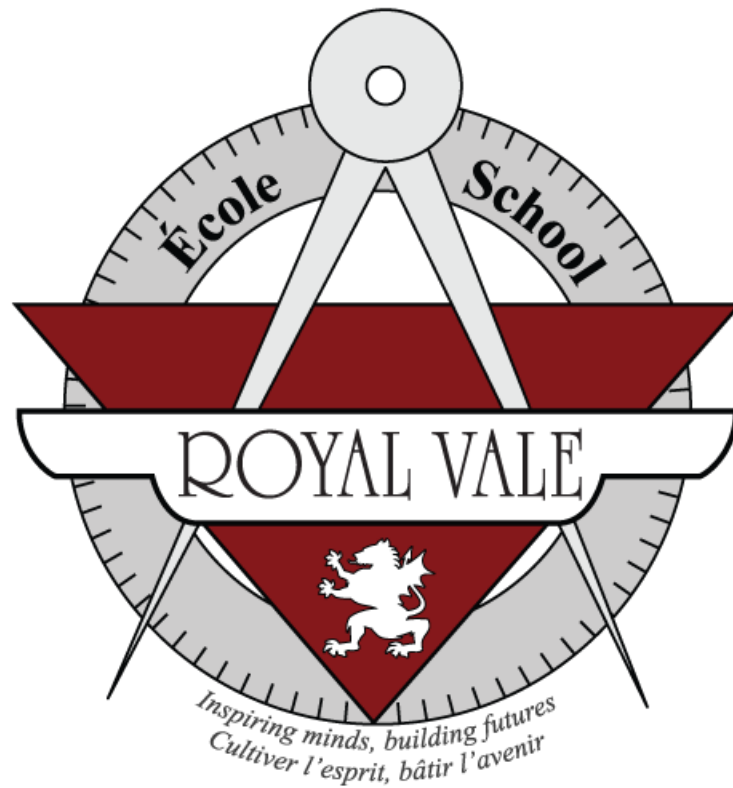




---

# **Elementary Sector Admission Package**

## **2027–2028**

---

# ROYAL VALE SCHOOL REGISTRATION DATES

Siblings Pre-K (K4) & Kindergarten (K5) to Grade 6: January 11 to 15, 2027

Online Pre-K (K4) & Kindergarten (K5) Spot Reservation: T.B.D.

New Elementary Students (Grades 1 to 6): February 9, 2027

***Students applying for Grades 4, 5, or 6 at Royal Vale will not receive automatic admission into Royal Vale High School. Regardless of their standing, all students must write and successfully pass the high school entrance exam in order to be considered for admission.***

**AGE REQUIREMENTS:** To enter Kindergarten (K5) in September 2027, a child must be five years of age September 30, 2027. To enter Pre-K (K4) in September 2027, a child must be four years of age by September 30, 2027.

**Please note:**

It is recommended that students applying for Grades 1 – 6 come from an Immersion or Intensive French Program.

**Students (grades 1-6) may be tested to make sure they have the necessary level of French, English and Mathematics.**

## **Royal Vale Elementary French Immersion Program**

- ❖ **Pre-K (K4):** Will follow the program set forth by the Ministry of Education.
- ❖ **Kindergarten (K5):** The Kindergarten program is supplemented by Physical Education and Science & Technology classes.
- ❖ **Grades 1 and 2:** français, English Language Arts, mathématiques, science & technologie, univers social, éducation physique, arts plastiques, art dramatique and English Language Arts/Ethics and Religious Culture.
- ❖ **Grades 3 to 6:** français, English Language Arts, Mathematics, Science & Technology, univers social, éducation physique, Ethics Religious Culture, arts plastiques et art dramatique.

## Documents to be attached to the Registration Package:

**IMPORTANT:** Originals of Birth Certificates & Certificates of Eligibility must be on hand at the time of registration for authentication purposes.

1. Four (4) photocopies of student's Certificate of Eligibility.

➤ New Pre-Kindergarten to Grade 6

An application form (Short or Long Form) to obtain a certificate of eligibility will be provided by the school on registration day. The Ministry of Education will mail the certificate to your home address. The original must then be brought to the school so that a photocopy may be authenticated and kept in your child's dossier. For this purpose, parents need to provide:

a) Proof of Citizenship (2 photocopies) of the eligible parent:

- If born in Canada: a birth certificate or Canadian Citizenship card.
- If born outside of Canada: a Canadian citizenship card along with his/her certificate of eligibility.

b) Certificate of Eligibility (2 photocopies) of the parent who has already been declared eligible or an older sibling, along with the birth certificate of the eligible parent.

2. Five (5) photocopies of student Birth Certificate.

- The Register of Civil Status long BLUE version, with the mother's and father's name 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.

3. Immigration papers if child is not born in Canada:

- Four (4) photocopies of immigration papers, working permit, study permit, etc. (if the child is in Canada on a temporary stay).
- Four (4) photocopies of Canadian citizenship papers - only if the child is **not** born in Canada.
- Four (4) photocopies of child's Medicare card -only if the child is born in another province.

4. (Grades 1 to 6) A photocopy of applicant's most recent report card from present school along with a copy of last June's report card.

5. One (1) photocopy of student's vaccination booklet.

6. English Montreal School Board Registration Form.

7. Proof of residency if child is born outside of QC (lease or deed of purchase and driver's license).

\*\*\*\*\*

A. A deposit of \$100

Must be included with your "confirmation of acceptance" response sheet once your child has been accepted. (**Payable to Royal Vale School - cheque or money order**). The balance of the student annual fee will be paid later in the school year, date to be determined.

B. Lunch supervision fee: \$ 285 Payable in September 2027

# ELEMENTARY REGISTRATION FORM

**ACADEMIC YEAR 2027 - 2028**



## APPLYING FOR:

☐ (K4) Pre-Kindergarten

☐ (K5) Kindergarten

☐ Grade 1-6: \_\_\_\_\_

*Students applying for Grades 4, 5, or 6 at Royal Vale will not receive automatic admission into Royal Vale High School. Regardless of their standing, all students must write and successfully pass the high school entrance exam in order to be considered for admission.*

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

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

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

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

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

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

Sex: ☐ Male ☐ Female

E-mail Address: \_\_\_\_\_

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

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

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

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

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

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: \_\_\_\_\_

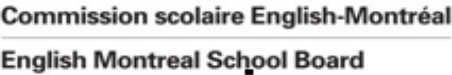
Cell # ( ) \_\_\_\_\_

### 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 HOME AND SCHOOL ASSOCIATION**

The Royal Vale Home and School Association has the mandate from the Governing Board to run various extra-curricular programs. In order to receive their documents, they need your coordinates. Please indicate if you are in agreement with the following:

I, \_\_\_\_\_ (parent/guardian's name), accept that Royal Vale School shares with the Royal Vale Home and School Association my child's name, the name of his/her parent(s)/guardian(s), phone number(s) and e-mail address(es).

☐ YES \_\_\_\_\_ ☐ NO \_\_\_\_\_

Student Name: \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date: \_\_\_\_\_

D. Michakis  
Principal  
Royal Vale School