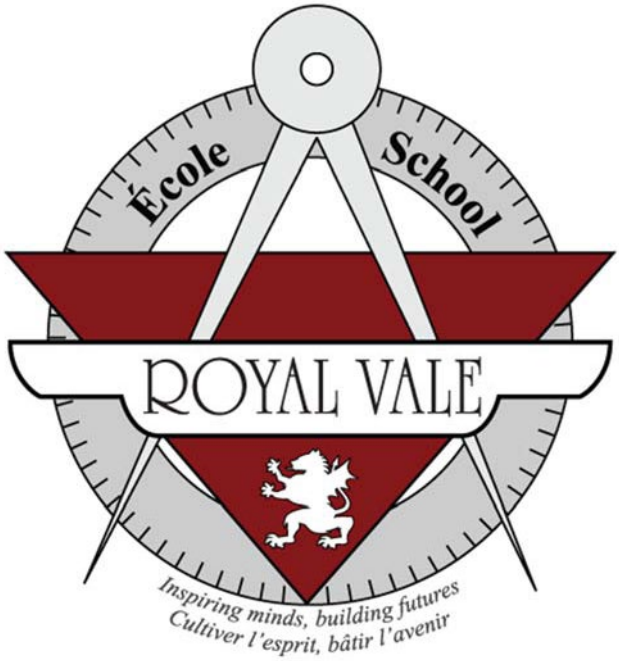
Registration Package

STEP 2



Secondary 1

For all students

2027 – 2028

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

Updated August 2026/CL

The following documents must be included with the registration package:

1. ☐ **Registration Forms**

2. ☐ **If your child follows an Individualized Educational Plan, please include a copy of the IEP.**

3. ☐ **A deposit of $100 is required upon submitting the registration package, payable by cheque or money order, made out to Royal Vale School.** ***(This will secure your child's place and confirm the registration).***

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 2027-2028

Payment: **$100 deposit** ☐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: _____

Does your child follow an IEP? ☐ ***If so, please provide a copy with the registration.***

Does your child have an official diagnosis (code)? ☐

Is your child in the process of receiving a diagnosis? ☐

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

☐ **Sports Concentration** ☐ **Music Concentration**

☐ **Performing Arts Conc.** **(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.:_____

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

Commission scolaire English-Montréal
English Montreal School Board

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	*Please Check Off if you identify as Indigenous ☐	

Gender (MANDATORY - CHECK ONE) ☐ **Male (M)** ☐ **Female (F)** ☐ **Indeterminate (X)** ☐ **Non-binary (I)**

Medicare No:

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 ☐ **Parent 1 only** ☐ **Parent 2 only** ☐ **Guardian** ☐

Civic No.		**City**	
Direction		**Province**	Quebec
Type of Street	RU - 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	RU - 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**