

Westmount High School

REGISTRATION PACKAGE

2025-2026



In order for your child's registration to be complete, Westmount must be in possession of the following documents:

- Westmount High School Information Form
- Original Long Version Birth Certificate (with parent names)
- Proof of Residence, if child was born outside of Quebec
 - () Category 1 () Category 2
- Original Eligibility Certificate
- Final Sec 1 and Sec 2 report cards
- Original Immigration Documentation (if applicable)
 - Canadian Citizenship Papers if child was born outside of Canada
 - Work Permit
 - Study Permit
- Course Selection Sheet
- EMSB Consent to Photograph Form
- Authorization for Release of Information Form
- Parent Questionnaire
- Emergency Health Record
- Inter-board Agreement (if applicable)
- \$75.00 certified cheque, debit/credit card or cash to cover the basic school fee*

*Please note that a full refund will be issued if the student is not accepted by the school

WESTMOUNT HIGH SCHOOL

Information Form

STUDENT INFORMATION (Please print clearly)

Family Name: _____ Gender: _____
Given Name: _____ Birth Date: ____/____/____
Main Address: _____ Apt# _____
City: _____ Postal Code: _____ Home Tel: _____
Mother Tongue: _____ Languages spoken at home: _____
Medicare Number: _____ Expiry Date: _____
Name of Present School: _____ Grade: _____
Present Program: English French Immersion French
Siblings Presently at WHS: _____

PARENT/GUARDIAN INFORMATION (Please print clearly)

Name of person(s) Legally Responsible: _____
Parent 1 Name: _____ Relationship to student: _____
Email (required): _____
Date of Birth: _____ Birth Province and Country: _____
Work Number: _____ Cell #: _____
Parent 2 Name: _____ Relationship to student: : _____
Email (required): _____
Work Number: _____ Cell #: _____
Place of Birth: _____ Date of Birth: _____
Student living with: Both Parents Parent 1 Parent 2 Guardian
If applicable: Joint custody Sole custody

Parent 1 Address: _____ apt# _____
City: _____ Postal Code: _____ Home Tel: _____
Parent 2 Address: _____ apt# _____
City: _____ Postal Code: _____ Home Tel: _____

If Guardian is NOT Parent

Guardian's Name: _____ **Email Address** (required): _____
Guardian's Work Number: _____ Cell #: _____
Gender: _____ Place of Birth: _____
Address: _____ apt# _____
City: _____ Postal Code: _____ Home Tel: _____

EMERGENCY CONTACT INFORMATION (Please print clearly)

(In case parent or guardian cannot be contacted at home, by cell or at work)

Contact's Name: _____ Relationship _____
Home Tel.# _____ Cell # _____ Work Tel.# _____

Date: _____ Legal Parent/Guardian Signature: _____



APPENDIX A

Consent to Photograph, Record, Video Students and Publish, Display, Distribute or Broadcast Students' Image or Work and Assign Student Email

During the course of the school year, students at Westmount High School are occasionally videotaped, recorded and or photographed for a variety of reasons, including school awards, special recognition, yearbooks, video projects and news programming. The student's name, school and grade may accompany such photographs, videos and web pages.

Some of these photographs / video images are published, displayed, distributed or broadcast outside of the school network and in these cases the School Board is required to obtain consent.

Also, during the school year, an email address may be assigned to a student.

Please fill in the requested information and check either Yes or No below to indicate whether you wish to give or not give your consent.

Student Name: _____

School: _____

I hereby release the school and the School Board from any liability or damages resulting from or connected with:

The photographing, recording or video of a student: **Yes:** _____ **No:** _____

The publishing, displaying, distribution or broadcasting of image/work: **Yes:** _____ **No:** _____

Signature: _____
Parent / Guardian / Adult Student

Date: _____

Please return this signed with your child's registration.

WESTMOUNT HIGH SCHOOL

To be completed by Parent/Guardian

Parents, please take the time to complete the following to get a more accurate portrait of who your child is – a portrait that a report card cannot fully represent.

Student's Name: _____
Family Name Given Name

Parent/Guardian Name: _____
Family Name Given Name

Student's Academic History

Student's Previous Schools: _____ *Grade(s) :* _____
_____ *Grade(s) :* _____
_____ *Grade(s) :* _____

What is the last grade your child successfully completed? _____

Has your child ever received any academic, sports, improvement or behavior awards?

Please describe _____

Has your child ever skipped a level or been accelerated in a subject?

Has your child ever repeated a level? Indicate level: _____

Has your child had remedial help? Please indicate subject(s), level(s) and frequency.

Has your child ever had an individualized educational plan or other resource services?

Yes If yes, please include copy of the IEP No

Is there anything about your child's behavior that you would want us to know or which will help us to understand him/her better? You may include interests, hobbies, study patterns, health issues, social issues, strengths and weaknesses.



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English-Montréal
English Montreal
School Board

AUTHORIZATION TO RELEASE INFORMATION

| | |
|--|--|
| Student`s Family Name | Student`s First Name |
| Student`s Date of Birth (Year/Month/Day) | Permanent Code |
| Parent 1 Family Name First Name | Parent 2 Family Name First Name |
| Relationship to Student: | Relationship to Student: |

I, the undersigned authorize

| |
|---------------------------|
| Person`s Name and Title |
| Name of Present School: |
| Address |
| City/Province/Postal Code |

to send the following information

- Psychological/psycho-educational
- Psychiatric (full diagnostic report)
- Speech/language
- Occupational therapy
- Academic reports (e.g. IEP, Progress notes)
- Other: _____

concerning the above-mentioned child to:

*Student Services
Westmount High School
4350 St. Catherine Street West
Westmount, Quebec, H3Z1R1*

| | |
|--|-----------------------|
| Signature of Parent or Authorized Person | Date (Year/Month/Day) |
| Witness to the Signature | Date (Year/Month/Day) |

Emergency Health Records

2025-2026

WESTMOUNT HIGH SCHOOL

General information

Name (student) : _____ School grade : _____

First name : _____ Class room number : _____

Address : _____ Language spoken at home : _____

Postal code: _____ Date of birth : _____ / _____ / _____
Year Month Day

Gender : F M Other: _____

Health insurance No :

| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

 Expiry date : _____ / _____
Year Month

Access to private group health insurance Access to public group health insurance

Please fill out (in case of emergency contact):

| PARENT 1 | PARENT 2 |
|---|---|
| Last Name : _____ First name: _____ Relationship to Student: _____ ☎ home : _____ ☎ work : _____ ☎ other : _____ | Last Name : _____ First name: _____ Relationship to Student: _____ ☎ home : _____ ☎ work : _____ ☎ other : _____ |
| OTHER | GUARDIAN |
| Last Name : _____ First name: _____ Relationship to Student: _____ ☎ home : _____ ☎ work : _____ ☎ other : _____ | Last Name : _____ First name: _____ ☎ home : _____ ☎ work : _____ ☎ other : _____ |

In order to insure the security of your child, the school must be informed of health problems that **might require immediate intervention** at school (severe allergy to food or insect bites, diabetes...).

Does your child suffer from such a health problem? Yes If yes, complete the back of the sheet
 No

Please **inform the school of any change** that might occur during the present school year.

N.B.: The information contained in this sheet will only be transmitted to the school nurse and to the school staff who may be required to assist your child in case of emergency.

 Signature of parent/guardian Date: _____ / _____ / _____
Year Month Day

Emergency Health Records 2025-2026

WESTMOUNT HIGH SCHOOL

Additional information

(Fill only if your child has health problems that might require immediate intervention at school)

Has your child's state of health changed since last year: Yes No

Does your child suffer from:

| | | | |
|-------------------------------|------------------------------|-----------------------------------|--|
| SEVERE ALLERGY : To | ➤ Food : | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | ➤ Insect bites: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | ➤ Other: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| or ASTHMA : | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| If so, specify : _____ | | | |
| Emergency medication : | Yes <input type="checkbox"/> | EpiPen or Twinject or Allerject : | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | No <input type="checkbox"/> | Other : | _____ |

| | | |
|---|------------------------------|-----------------------------|
| DIABETES: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Emergency medication : | Yes <input type="checkbox"/> | Specify : _____ |
| | No <input type="checkbox"/> | |
| <input type="checkbox"/> Emergency care plan: | _____ | |
| Other information in case of emergency | _____ | |

| | | |
|--|------------------------------|-----------------------------|
| OTHERS : Does your child suffer from any other problems that may require immediate assistance at school ? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If so, specify : _____ | | |
| Medical recommendation in case of emergency : | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Specify : _____ | | |

| | | |
|--|------------------------------|-----------|
| I authorize the CSSS to keep this information on file, in a confidential manner and I authorize the CSSS nurse to transmit the information contained in this document to the school staff who may have to intervene in case of emergency. | | |
| _____ | Date : _____ / _____ / _____ | |
| Signature of parent/guardian | Year | Month Day |

| |
|---|
| Changes in the state of health (during the school year): |
| _____ |
| _____ |
| _____ |
| _____ |
| _____ |



Westmount High School

A College Board Advanced Placement School

4350 Ste. Catherine Street West, Westmount, QC H3Z 1R1
 Tel.: 514-933-2701 Fax: 514-933-2663
 www.emsb.qc.ca/westmount



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 English Montreal School Board

Course Selection (2025-2026)

Cycle 2 / Year 1 (Secondary 3)

Family Name:

First Name:

Homeroom:

The following are the **Cycle 2 / Year 1 (Secondary 3)** programs offered at Westmount High School.

Please select either the **English** or the **Immersion** program.

634300 French Local Programme (*office use only*)

| # of Periods | <input type="checkbox"/> | | <input type="checkbox"/> | |
|--------------|--------------------------|-------------------------------|--|-------------------------------|
| | English Program | | Immersion Program | |
| 6 | 634306 | French, Second Language | 635306 | Français Enrichi |
| 6 | 555306 | Science and Technology | 055306 | Science et technologie |
| 4 | 585304 | History Of Quebec and Canada | 085304 | Histoire du Québec et Canada |
| 2 | 543302 | Physical Education and Health | 543302 | Physical Education and Health |
| 6 | 632306 | English, Language Arts | Regular <input type="checkbox"/> OR Pre-AP* <input type="checkbox"/> | |
| 6 | 563306 | Mathematics | Regular <input type="checkbox"/> OR 565426 AP * <input type="checkbox"/> | |

** Final placement to be determined by the school.*

Students will have one Elective course below. Please number all courses in the order of preference (1, 2, 3)

| # of Periods | Consumer Science | Pre-AP Science | Robotics |
|--------------|------------------------------------|---|------------------------------------|
| 3 | <input type="checkbox"/> 620344 | 558344 <input type="checkbox"/> <i>Pre-requisite : a mark of 75% or greater in Sec. 2 Math and Science to be eligible for Pre-AP Science</i> | <input type="checkbox"/> 562352 |

of Periods **Arts Education:** Students will have one ARTS option. Please number all courses in order of preference (1, 2, and 3).

| # of Periods | **Previous Music knowledge needed | | |
|--------------|--|---|---|
| 3 | <input type="checkbox"/> Drama 670302 | <input type="checkbox"/> Music ** 669302 | <input type="checkbox"/> Pre-AP Visual Arts 668302 |
| 36 | | | |

I will **not** be returning to Westmount High School for the 2025/26 school year.

Reason if not returning: _____

Signature of Student

Signature of Parent/Guardian

Date



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English Montreal School Board

Student and Course Selection: 2025-2026

- All students shall adhere to the school uniform and purchase it from our supplier.
- All students are expected to arrive on time and attend all scheduled classes daily.
- All students must work to the best of their abilities and cooperate with their teachers.
- Students are expected to be respectful towards each other, the staff, and any other adult.
- There will be zero tolerance for any student who makes it difficult for a teacher to teach or student to learn.

We have read the Westmount High School course selection sheet and expectations. We understand the contents and shall adhere to its implications.

Parent or legal guardian's signature

Student's signature

Date: _____

Parent/Guardian's e-mail: _____

No registration shall be accepted without the parent (or legal guardian) **and** student's signatures.