

# Westmount High School

## REGISTRATION PACKAGE

### 2026-2027



**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 Grade 4 and Grade 5 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

# 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: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Work Number: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Parent 2 Name: \_\_\_\_\_ Relationship to student: : \_\_\_\_\_  
**Email (required):** \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Work Number: \_\_\_\_\_ Cell #: \_\_\_\_\_  
**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:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Parent / Guardian / Adult Student

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.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**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

## 2026-2027

# 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 : _____	Last Name : _____
First name: _____	First name: _____
Relationship to Student: _____	Relationship to Student: _____
 home : _____	 home : _____
 work : _____	 work : _____
 other : _____	 other : _____
OTHER	GUARDIAN
Last Name : _____	Last Name : _____
First name: _____	First name: _____
Relationship to Student: _____	Relationship to Student: _____
 home : _____	 home : _____
 work : _____	 work : _____
 other : _____	 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.

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Signature of parent/guardian

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

# Emergency Health Records

## 2026-2027

### 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  No   
➤ Insect bites: Yes  No   
➤ Other: Yes  No   
**or ASTHMA :** Yes  No

If so, specify : \_\_\_\_\_

**Emergency medication :** Yes  EpiPen or Twinject or Allerject : Yes  No   
No  Other : \_\_\_\_\_

**DIABETES:** Yes  No

**Emergency medication :** Yes  Specify : \_\_\_\_\_  
No

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  No

If so, specify : \_\_\_\_\_

**Medical recommendation in case of emergency :** Yes  No

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.

\_\_\_\_\_  
Signature of parent/guardian

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

**Changes in the state of health** (during the school year):

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# 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](http://www.emsb.qc.ca/westmount)



## Course Selection (2026-2027)

## Cycle 1 / Year 1 (Secondary 1)

Family Name:

First Name:

Present School:

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

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

634100 French Local Programme (*office use only*)

# of Periods	<input type="checkbox"/> English Program		<input type="checkbox"/> Immersion Program		
6	634106 French, Second Language	635106 Français Enrichie	4	555104 Science,Technology & Robotics	055104 Science,technologie et robotique
6	595103 Geography	095103 Géographie			
6	587103 History and Citizenship	087103 Histoire et citoyenneté			
2	617140 Study Methods	117140 Méthodes d'apprentissage			
3	569102 Culture and Citizenship of Quebec	069102 Culture et citoyenneté du Québec			
6	543102 Physical Education And Health				
6	632106 English, Language Arts				
6	<i>Please select one math</i> <input type="checkbox"/> <input type="checkbox"/>	563126 Mathematics Pre-AP * <i>or</i>			
		563126 Mathematics (Regular)			
33	<i>* Pre-requisite : a mark of 90 % or greater from Grades 5 &amp; 6 to be eligible for Pre-Ap Math (Pre- Advanced Placement)</i>				

**Students agree to follow the Arts Education elective for the duration of Cycle 1 (Secondary 1 and 2)**

# of Periods	Arts Education:	Students will obtain only ONE course, but are requested to number (1,2,3) all courses, in order of preference.		
3	<input type="checkbox"/> 669104 Music	<input type="checkbox"/> 670104 Drama	<input type="checkbox"/> 668104 Visual Arts	
36				

Signature of Student

Signature of Parent/Guardian

Date



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Commission scolaire English-Montréal  
English Montreal School Board

## Student and Course Selection: 2026-2027

- 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.

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Parent or legal guardian's signature

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Student's signature

Date: \_\_\_\_\_

Parent/Guardian's e-mail: \_\_\_\_\_

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