

# 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  
COURSE DESCRIPTION  
CATALOGUE 2026-2027

## Math

## Secondary 3

### Pre-AP Science (SN) Math: 565-426

The Science Option is intended for students who seek to understand the origin of different phenomena and how they work, as well as to explain them and make decisions that pertain to them. Students who choose this option develop strategies and acquire an academic background that specially enables them to pursue their studies in Sciences or perhaps eventually specialize in research. Note this is a credited course which will appear on the student's transcript.  
**Prerequisites:** 75% or better in Math 306 regular or equivalent

## Elective Courses

### Consumer Sciences: 620-344

The Consumer Sciences program is a social science course that allows students to gain knowledge in the following areas:

- 1) building a strong employment profile: career exploration;
- 2) preparation for independence: including personal finances, nutrition, cooking, food safety, and home and time management;
- 3) consumer awareness;
- 4) intra- and inter-personal relations: the individual as part of a community, hospitality and conflict-resolution;
- 5) as well as many other practical skills that will allow students to learn about how they learn and foster independence, healthy living and critical thinking skills.

### Pre-AP Environmental Science: 558-344

The goal of the AP Environmental Science course is to provide students with the scientific principles, concepts, and methodologies required to understand the interrelationships of the natural world, to identify and analyze environmental problems both natural and human-made, to evaluate the relative risks associated with these problems, as well as to examine alternative solutions for resolving or preventing them. The AP Environmental Science course is designed to be the equivalent of an introductory college course in environmental science. At WHS, the entire AP Environmental science course will be delivered over two years. This is the first of the two years, and the AP exam will be offered in May of the Sec IV (second) year. *Successful completion of part 1 of this course is required for enrollment in part 2 next year.*

### Introduction to Mechanical/Electrical Engineering & Robotics

The Mechanical/Electrical Engineering & Robotics course is a hands-on class designed for beginners and avid technologists/roboticists alike who are interested in the continued advances of science and technology applied in the real world. Engineering & robotics covers many fields like virtual reality, transportation, remote surgery, and even everyday day things like touchless optical sensors that open bus doors, to name a few. In this course, students will develop skills and learn knowledge regarding:

- Artificial Intelligence, Smart Cities, Smart Cars & Smart Homes
- Robotic Design and Construction (Build Visualization)
- Robotic Systems (Wiring, Pneumatics, Drive trains & Motors, Driving/Operator Controls)
- Fundamentals of Programming (Scratch, Java, C++, Arduino open Source Code)
- 3D Design and Printing



# 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 (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	English Program		Immersion Program	
6	634306 French, Second Language		635306 Français Enrichi <b>Pre-AP</b>	
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"/> <b>OR</b> <input type="checkbox"/> <b>Pre-AP*</b> <input type="checkbox"/>	
6	563306 Mathematics	Regular	<input type="checkbox"/> <b>OR</b> <input type="checkbox"/> <b>565426 AP *</b> <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	<input type="checkbox"/> 558344 <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				Students will have one ARTS option. Please number all courses in order of preference (1, 2, and 3).
3	<input type="checkbox"/> Drama 670302	<input type="checkbox"/> Music ** 669302	<input type="checkbox"/> Pre-AP Visual Arts 668302	**Previous Music knowledge needed
36				

I will **not** be returning to Westmount High School for the 2026/27 school year.

Reason if not returning: \_\_\_\_\_

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.