Westmount High School
REGISTRATION
PACKAGE 2027-2028

**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 latest 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):_____
Place of Birth: _____ Date of Birth:_____
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: _____

Commission scolaire
English-Montréal
English Montreal
School Board

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.
_____
_____
_____
_____
_____
_____

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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 **Relationship to Student:**	**Parent 2 Family Name First Name** **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
2027-2028

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.

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

Emergency Health Records
2027-2028

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.

_____ 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

CollegeBoard inspiring minds

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English Montreal School Board

Course Selection (2027-2028) 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	English Program		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
	587103	History and Citizenship	087103	Histoire et citoyenneté
	617140	Study Methods	117140	Méthodes d'apprentissage
2	569102	Culture and Citizenship of Quebec	069102	Culture et citoyenneté du québec
3	543102	Physical Education And Health		
6	632106	English, Language Arts		
6	*Please select one math*	563126 Mathematics Pre-AP * ***or***		
		563126 Mathematics (Regular)		
33	**** Pre-requisite : a mark of 90 % or greater from Grades 5 & 6 to be eligible for Pre-Ap Math (Pre- Advanced Placement)***			

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	Choos	669104 Music	Choos 670104 Drama	Choos 668104 Visual Arts
36				

Signature of Student

Signature of Parent/Guardian

Date

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A College Board Advanced Placement School
4350 Ste. Catherine Street West, Westmount, QC H3Z 1R1
Tel.: 514-933-2701 Fax: 514-933-2663
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Student and Course Selection: 2027-2028

- 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.