


STUDENT REGISTRATION FORM YOUTH SECTOR

SCHOOL YEAR: 2021-2022		 Commission scolaire English-Montreal English Montreal School Board			
School:		Bldg. Code:		Start Date:	2021-08-24
				YEAR / MONTH / DAY	
Student Identification			Fiche No.		
Family Name(s):		Given Name(s):			
Middle Names:					
Date of Birth:		M	F		
Year / Month / Day		Gender		Quebec Permanent Code	
Birth Place:					
Country		City		Province	
Medicare No:		Expiry Date:			
Parent 1 - Information		Relationship to Student:		Father or Mother	
Family Name(s):		Given Name(s):			
Place of Birth (Mandatory):		Date of Birth (YY/MM/DD): Deceased			
Social Ins No:		Education: A B C D E F G H I			
Cell No:		E-Mail Address:			
Parent 2 - Information		Relationship to Student:		Father or Mother	
Family Name(s):		Given Name(s):			
Place of Birth (Mandatory):		Date of Birth (YY/MM/DD): Deceased			
Social Ins No:		Education: A B C D E F G H I			
Cell No:		E-Mail Address:			
Legal Guardian - Information		Gender:		Male or Female	
Family Name(s):		Given Name(s):			
Place of Birth (Mandatory):		Date of Birth (YY/MM/DD): Deceased			
Social Ins No:		Education: A B C D E F G H I			
Cell No:		E-Mail Address:			
A: Elementary Studies or Less B: Secondary School or Equivalent without Diploma C: Secondary School Diploma or Equivalent D: Uncompleted College Studies E: Pre-University Programs, BA in French or Equivalent F: Diploma if College Studies (Technical Programs) or Equivalent G: University Studies - not completed H: University Diploma I: Other					
Person Legally Responsible					
1: Both Parents <input type="checkbox"/> 2: Father <input type="checkbox"/> 3: Mother <input type="checkbox"/> 4: Guardian <input type="checkbox"/> Joint Custody <input type="checkbox"/>					
Student Information:					
Mother Tongue:		Language spoken at home:			
Level:		Grade:		Homeroom:	
Address	1: Both Parents		2: Father		3: Mother 4: Guardian
Civic No	Direction	Street Type	Street		Apartment
City		P.O. Box	Province	Postal Code	
( ) - ext.		( ) - ext.	( ) - ext.		
Home Phone No:		(Parent 1) Work No:		(Parent 2) Work No:	
Address 2 (Joint Custody Only)			2: Father <input type="checkbox"/>		3: Mother <input type="checkbox"/>
Civic No	Direction	Street Type	Street		Apartment
City		P.O. Box	Province	Postal Code	
( ) - ext.		( ) - ext.	( ) - ext.		
Home Phone No:		(Father) Work No:		(Mother) Work No:	
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	