



SCHOOL INFORMATION (For School Staff)							
School Code:			GPI Fiche #:				
Building Code:			Quebec Permanent				
GPI Start Date (YY/MM/DD):			Code (IF AVAILABLE):				
Level:	Grade:	Homeroom:					
STUDENT IDENTIFICATION							
Last Name(s):			Country of Birth:				
First Name(s):			Province of Birth:				
Middle Name(s):			City of Birth:				
Date of Birth:			YEAR / MONTH / DAY				
Gender (MANDATORY - CHECK ONE)	Male (M)	Female (F)	Non-binary (X)				
Medicare No:							
Expiry Date:							
Mother Tongue:	Language Spoken at home:						
PERSON LEGALLY RESPONSIBLE (CHECK ONE)							
Both Parents	Parent 1 only	Parent 2 only	Guardian				
Parent 1 - Information							
Last Name(s):	Deceased						
First & Middle Name(s):	Social Ins No:						
Place of Birth (Mandatory):	Mobile #:						
Date of Birth (YY/MM/DD):	E-Mail Address:						
Education (CHECK ONE) :							
Parent 2 - Information							
Last Name(s):	Deceased						
First & Middle Name(s):	Social Ins No:						
Place of Birth (Mandatory):	Mobile #:						
Date of Birth (YY/MM/DD):	E-Mail Address:						
Education (CHECK ONE) :							
Guardian - Information							
Last Name(s):	Social Ins No: Mobile						
First & Middle Name(s):	Mobile #:						
Place of Birth (Mandatory):	E-Mail Address:						
Date of Birth (YY/MM/DD):							
Gender (MANDATORY - CHECK ONE)	Male (M)	Female (F)	Education (CHECK ONE) :				
Education Legend:							
(A) Elementary studies or less; (B) Secondary studies (not completed); (C) Secondary School Diploma (D.E.S.) or Equivalent (G.E.D.); (D) College Studies (not completed); (E) College Studies (D.E.C.) diploma; (F) Technical/Vocational D.E.P.; (G) University studies (not completed); (H) University Degree; (I) Other							
EMERGENCY CONTACT:							
(For BUS Purposes- Preferably a Parent)		(For SCHOOL Purposes- Other than a Parent)					
Contact Name:							
Telephone:							
ADDRESS:							
Both Parents	<input type="checkbox"/>	Parent 1 only	<input type="checkbox"/>	Parent 2 only	<input type="checkbox"/>	Guardian	<input type="checkbox"/>
Civic No.				City			
Direction				Province	Quebec		
Type of Street				Postal Code			
Street Name				Parent 1 - Work #			
Apartment, if any				Home #			
Second Address (for Joint Custody Only)				Parent 2 - Work #			
Parent 1 only		Parent 2 only		Guardian			
Civic No.				City			
Direction				Province	Quebec		
Type of Street				Postal Code			
Street Name				Parent Work #			
Apartment, if any				Home #			
SIGNATURE							
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		