

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				Medicare No:					
(MANDATORY - CHECK ONE)				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):									
First & Middle Name(s):				Social Ins No: Mobile					
Place of Birth (Mandatory):				Mobile #:					
Date of Birth (YY/MM/DD):				E-Mail Address:					
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:					Contact Name:				
Telephone:					Telephone:				
ADDRESS:									
Both Parents		<input type="checkbox"/>		Parent 1 only		<input type="checkbox"/>		Parent 2 only	
								<input type="checkbox"/>	
Civic No.					City				
Direction					Province		Quebec		
Type of Street					Postal Code				
Street Name							Parent 1 - Work #		
Apartment, if any					Home #				Parent 2 - Work #
Second Address (for Joint Custody Only)									
		Parent 1 only		Parent 2 only		Guardian			
Civic No.					City				
Direction					Province		Quebec		
Type of Street					Postal Code				
Street Name									
Apartment, if any					Home #				Parent Work #
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