

Thursday, January 28, 2021

## ELEMENTARY REGISTRATION

Registration for Elizabeth Ballantyne School will begin **Monday, February 1, 2021 and will continue until February 5, 2021 inclusive.**

It is important to register as soon as possible to reserve your place at our school.

Please sign up on the following website to book an appointment to register your child. You may also call the school to reserve an appointment to register.

<https://outlook.office365.com/owa/calendar/ElizabethBallantyneSchool@eduemsbqc.onmicrosoft.com/bookings/>

**Only ONE person is allowed to enter the building per family.** Please note that students eligible to begin KINDERGARTEN in Fall 2021 must be five (5) years old on or prior to September 30, 2021.

In order to facilitate the process, parents are asked to bring the following documents (**INCLUDING ORIGINALS**) to register:

- **Registration Form (see below)**
- Five (5) copies of child's **Birth Certificate (long form)**;
- One (1) copies of child's **Medicare card**
- One (1) copy of child's **medical/ vaccination booklet**
- Three (3) copies of the child's or sibling's **certificate of Eligibility** (if already obtained)
- One (1) copy of **Proof of Residency** (Copy of Lease or Municipality/ School Tax Invoice)
- One (1) copy of one of the following (Income Tax Statement, Quebec's driver license, Utility Invoice like Hydro, telephone or cable bill etc.)
  
- Three (3) copies of the birth certificate or citizenship certificate/ permanent resident card or passport of the parent whose education will be used to obtain the child's Certificate of Eligibility (the parent who already possesses a Certificate of Eligibility)
- Inter-board Agreement (if outside the school board territory)
- Four (4) copies of Immigration Papers (required if born outside Canada)

Reserve your appointment online:

<https://outlook.office365.com/owa/calendar/ElizabethBallantyneSchool@eduemsbqc.onmicrosoft.com/bookings/>

Thank you kindly.

ELIZABETH BALLANTYNE SCHOOL ADMINISTRATION

## STUDENT REGISTRATION FORM YOUTH SECTOR

<b>SCHOOL YEAR: 2021-2022</b>		 <b>Commission scolaire English-Montréal</b> English Montreal School Board					
<b>School:</b>	Elizabeth Ballantyne School	<b>Bldg. Code:</b>	051				
		<b>Start Date:</b>	2021/08/24 <small>YEAR / MONTH / DAY</small>				
<b>Student Identification</b>		<b>Fiche No.</b>					
Family Name(s):		Given Name(s):					
Middle Names:							
Date of Birth:		<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 50%;"><b>M</b></td> <td style="width: 50%;"><b>F</b></td> </tr> <tr> <td>Year / Month / Day</td> <td>Gender</td> </tr> </table>		<b>M</b>	<b>F</b>	Year / Month / Day	Gender
<b>M</b>	<b>F</b>						
Year / Month / Day	Gender						
Quebec Permanent Code							
Birth Place:							
Country		City	Province				
Medicare No:		Expiry Date:					
<b>Parent 1 - Information</b>		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:					
<b>Parent 2 - Information</b>		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:					
<b>Legal Guardian - Information</b>		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:					
<small>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</small>							
<b>Person Legally Responsible</b>							
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"/>							
<b>Student Information:</b>							
Mother Tongue:		Language spoken at home:					
Level:		Grade:					
Address		Homeroom:					
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.	( ) - ext.				
Home Phone No:		(Parent 1) Work No:					
Address 2 (Joint Custody Only)		(Parent 2) Work No:					
		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.	( ) - 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					