

## STUDENT REGISTRATION FORM YOUTH SECTOR

<b>SCHOOL YEAR: 2021-2022</b>		 Commission scolaire English-Montreal English Montreal School Board	
<b>School:</b>	<input type="text"/>	<b>Bldg. Code:</b>	<input type="text"/>
		<b>Start Date:</b>	<input type="text" value="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:		M F	
<small>Year / Month / Day</small>		<small>Gender</small>	
Quebec Permanent Code			
Birth Place:			
<small>Country</small>		<small>City</small>	<small>Province</small>
Medicare No:		Expiry Date:	
<b>Parent 1 - Information</b>		<b>Relationship to Student:</b> Father or Mother	
Family Name(s):		Given Name(s):	
Place of Birth (Mandatory):		Date of Birth (YY/MM/DD): <span style="float: right;">Deceased</span>	
Social Ins No:		Education: A B C D E F G H I	
Cell No:		E-Mail Address:	
<b>Parent 2 - Information</b>		<b>Relationship to Student:</b> Father or Mother	
Family Name(s):		Given Name(s):	
Place of Birth (Mandatory):		Date of Birth (YY/MM/DD): <span style="float: right;">Deceased</span>	
Social Ins No:		Education: A B C D E F G H I	
Cell No:		E-Mail Address:	
<b>Legal Guardian - Information</b>		<b>Gender:</b> Male or Female	
Family Name(s):		Given Name(s):	
Place of Birth (Mandatory):		Date of Birth (YY/MM/DD): <span style="float: right;">Deceased</span>	
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 of College Studies (Technical Programs) or Equivalent G: University Studies - not completed H: University Diploma I: Other			
<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.
Home Phone No:		(Parent 1) Work No:	(Parent 2) Work No:
<b>Address 2 (Joint Custody Only)</b>		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	