


**STUDENT REGISTRATION FORM YOUTH SECTOR**

<b>SCHOOL YEAR:</b> 2022-2023	 <small>Commission scolaire English-Montréal English Montreal School Board</small>	<b>School:</b> Willingdon School Junior	<b>Bldg. Code:</b> 101	<b>Start Date:</b> 2021-08-23 <small>YEAR / MONTH / DAY</small>

<b>Student Identification</b>	<b>Fiche No.</b>
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Family Name(s):	Given Name(s):
Middle Names:	
Date of Birth: <span style="float:right">M      F</span>	Quebec Permanent Code
<small>Year / Month / Day</small>	<small>Gender</small>
Birth Place:	
<small>Country</small>	<small>City</small> <span style="float:right"><small>Province</small></span>
Medicare No:	Expiry Date:

<b>Parent 1 - Information</b>	<b>Relationship to Student:</b> <b>Father or Mother</b>
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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> <b>Father or Mother</b>
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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> <b>Male or Female</b>
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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 if College Studies (Technical Programs) or Equivalent G: University Studies - not completed  
H: University Diploma I: Other

<b>Person Legally Responsible</b>
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1: Both Parents     2: Father     3: Mother     4: Guardian     Joint Custody

<b>Student Information:</b>
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Mother Tongue:	Language spoken at home:			
Level:	Grade:	Homeroom:		
<b>Address</b>	1: Both Parents	2: Father	3: Mother	4: Guardian

Civic No	Direction	Street Type	Street	Apartment
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City	P.O. Box	Province	Postal Code
(      ) - ext.	(      )	- ext.	(      ) - ext.

Home Phone No:	(Parent 1) Work No:	(Parent 2) Work No:
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<b>Address 2 (Joint Custody Only)</b>	2: Father <input type="checkbox"/> 3: Mother <input type="checkbox"/>
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Civic No	Direction	Street Type	Street	Apartment
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City	P.O. Box	Province	Postal Code
(      ) - ext.	(      )	- ext.	(      ) - ext.

Home Phone No:	(Father) Work No:	(Mother) Work No:
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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.

<b>Signature of Parent or Guardian</b>	<b>Signature of Principal</b>	<b>Date:</b> Year / Month/ Day
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