


STUDENT REGISTRATION FORM YOUTH SECTOR

SCHOOL YEAR: 2022-2023	 <small>Commission scolaire English-Montréal English Montreal School Board</small>	School: Willingdon School Senior	Bldg. Code: 018	Start Date: 2021-08-23 <small>YEAR / MONTH / DAY</small>

Student Identification **Fiche No.**

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:

Parent 1 - Information 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:

Parent 2 - Information 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:

Legal Guardian - Information Gender: **Male** or **Female**

Family Name(s):	Given Name(s):
Place of Birth (Mandatory):	Date of Birth (YY/MM/DD):
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

Person Legally Responsible

1: Both Parents 2: Father 3: Mother 4: Guardian Joint Custody

Student Information:

Mother Tongue:	Language spoken at home:
Level:	Grade: Homeroom:
Address	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.

Home Phone No:	(Parent 1) Work No:	(Parent 2) Work No:
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Address 2 (Joint Custody Only) 2: Father 3: Mother

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

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