

SCHOOL YEAR: 2022-2023

Commission scolaire English-Montréal  
English Montreal School Board

School: EAST HILL

Bldg. Code:

Start Date: 2022-08-23

YEAR/MONTH/DAY

**Student Identification****Fiche No.**

Family Name(s):

Given Name(s):

Middle Names:

Date of Birth:

M F

Year / Month / Day

Gender

Quebec Permanent Code

Birth Place:

Country

City

Province

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

City

P.O. Box

Province

Postal Code

( ) - ext.

( ) - ext.

( ) - ext.

Home Phone No:

(Parent 1) Work No:

(Parent 2) Work No:

**Address 2 (Joint Custody Only)**2: Father 3: Mother 

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