Signature of Parent or Guardian

ish Wontreal School Board								
SCHOOL INFORMATION (Fo	r School Staf	ff)						
School Code:				GPI Fiche #	:			
Building Code:				Quebec Permanent				
GPI Start Date (YY/MM/DD):				Code (IF AVAILABLE):				
Gristait Date (H)(MIM)(DD).				Code (IF AVA	ILABLE)•			
Level:	Grade:			: Homeroom:				
CTUDENT IDENTIFICATION								
STUDENT IDENTIFICATION								
Last Name(s):				Country of				
First Name(s):				Province of				
Middle Name(s):				City of Birth:				
Date of Birth:			4.					
	YEAR	R / MONTH / DA	ΛY					
Gender				Medicare N	No:			
(MANDATORY -	Male	Female	Non-binary	Expiry Date	٠.			
CHECK ONE)	(M)	(F)	(X)	Expiry Duce				
ï								
Mother Tongue:				Language S	poken at			
				home:				
PERSON LEGALLY RESPONS	IBLE (CHECK	ONE)						
Both Parents	1	Parent 1 on	ly	Parent 2 or	nly	Guardian		
Parent 1 - Information								
Last Name(s):				Deceased				
First & Middle Name(s):					No:			
Place of Birth (Mandatory):				Mobile #:				
Date of Birth (YY/MM/DD):								
				E-Mail Address:				
Education (CHECK ONE):								
Parent 2 - Information								
Last Name(s):				Deceased				
First & Middle Name(s):				Social Ins I	No:			
Place of Birth (Mandatory):				Mobile #:				
Date of Birth (YY/MM/DD):				E-Mail Add	dress:			
Education (CHECK ONE):								
Guardian - Information								
Last Name(s):								
First & Middle Name(s):				Social Ins I	No: Mobile			
Place of Birth (Mandatory):				Mobile #:				
Date of Birth (YY/MM/DD):				E-Mail Address:				
Gender (MANDATORY - CHECK ONE)			7					
Gerider (MANDATORY - CHECK ONE)	Male (M)		Female (F)	Education (CHECK ONE):				
Education Legend:								
(A) Elementary studies or less; (B) Seco						G.E.D.); (D) College Studies (not com (H) University Degree; (I) Other	pleted);	
EMERGENCY CONTACT:								
	D4\			I/F== SCUO	OL Durances	Otherther a Resent		
(For BUS Purposes- Preferable	, a Parenty			(For SCHOOL Purposes- Other than a Parent)				
Contact Name:				Contact Name:				
Telephone:				Telephone	: :			
ADDRESS:								
Both Parents		Parent 1 c	only	Parent 2 o	nly	Guardian		
					, П			
Civic No.				City				
Direction				Province		Quebec		
Type of Street	AV - Avenu	ue		Postal Cod	le			
Street Name						Parent 1 - Work #		
Apartment, if any				Home #		Parent 2 - Work #		
Second Address (for Joint Cus	tody Only)				-	7. .		
	L	Parent 1 o	only	Parent 2 o	only	Guardian		
Civic No.				City				
Direction				Province		Quebec		
Type of Street	AV - Aveni	LIE		Province Postal Code				
	AV - AVEIN	ue		rostai cot	<i>1</i> C			
Street Name				Home #		Parent Work #		
Apartment, if any				Home #		Parent Work #		
SIGNATURE								
I hereby authorize the teaching inst	itution to proces	s the persona	l information o	n this form for	the manageme	nt of my child's educational servi	ces. If my chi	
changes school I autho	rize the teaching	g institution to	o transfer this p	ersonal inform	ation if require	d, to the new teaching institution	1.	
1								
1								

Signature of Principal

Date: Year / Month/ Day