



SCHOOL INFORMATION (For School Staff)

| | | | |
|----------------------------|--|---------------------------------------|--|
| School Code: | | GPI Fiche #: | |
| Building Code: | | Quebec Permanent Code (IF AVAILABLE): | |
| GPI Start Date (YY/MM/DD): | | | |
| Level: | | Grade: | |
| | | Homeroom: | |

STUDENT IDENTIFICATION

| | | | |
|--|--|---|--|
| Last Name(s): | | Country of Birth: | |
| First Name(s): | | Province of Birth: | |
| Middle Name(s): | | City of Birth: | |
| Date of Birth: | | *Please Check Off if you identify as Indigenous | |
| Gender (MANDATORY - CHECK ONE) Male (M) Female (F) Indeterminate (X) Non-binary (I) | | Medicare No: | |
| | | Expiry Date: | |
| Mother Tongue: | | Language Spoken at home: | |

PERSON LEGALLY RESPONSIBLE (CHECK ONE)

| | | | |
|---------------------------------------|--|--|-----------------------------------|
| <input type="checkbox"/> Both Parents | <input type="checkbox"/> Parent 1 only | <input type="checkbox"/> Parent 2 only | <input type="checkbox"/> Guardian |
|---------------------------------------|--|--|-----------------------------------|

Parent 1 - Information

| | | | |
|-----------------------------|--|-----------------|--|
| Last Name(s): | | Deceased | |
| First & Middle Name(s): | | Social Ins 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 No: | |
| Place of Birth (Mandatory): | | Mobile #: | |
| Date of Birth (YY/MM/DD): | | E-Mail Address: | |
| Education (CHECK ONE) : | | | |

Guardian - Information

| | | | |
|--|--|--------------------------|--|
| Last Name(s): | | Social Ins No: Mobile #: | |
| First & Middle Name(s): | | E-Mail Address: | |
| Place of Birth (Mandatory): | | Education (CHECK ONE) : | |
| Date of Birth (YY/MM/DD): | | | |
| Gender (MANDATORY - CHECK ONE) Male (M) Female (F) | | | |

Education Legend:

(A) Elementary studies or less; (B) Secondary studies (not completed); (C) Secondary School Diploma (D.E.S.) or Equivalent (G.E.D.); (D) College Studies (not completed); (E) College Studies (D.E.C.) diploma; (F) Technical/Vocational D.E.P.; (G) University studies (not completed); (H) University Degree; (I) Other

EMERGENCY CONTACT:

| | | | |
|--|--|---|--|
| (For BUS Purposes- Preferably a Parent) | | (For SCHOOL Purposes- Other than a Parent) | |
| Contact Name: | | Contact Name: | |
| Telephone: | | Telephone: | |

ADDRESS:

| | | | | | | | |
|---------------------------------------|--|--|--|--|--------|-----------------------------------|--|
| <input type="checkbox"/> Both Parents | | <input type="checkbox"/> Parent 1 only | | <input type="checkbox"/> Parent 2 only | | <input type="checkbox"/> Guardian | |
| Civic No. | | City | | Province | Quebec | Postal Code | |
| Direction | | Home # | | Parent 1 - Work # | | Parent 2 - Work # | |
| Type of Street | | | | | | | |
| Street Name | | | | | | | |
| Apartment, if any | | | | | | | |

Second Address (for Joint Custody Only)

| | | | | | |
|--|--|--|--|-----------------------------------|--------|
| <input type="checkbox"/> Parent 1 only | | <input type="checkbox"/> Parent 2 only | | <input type="checkbox"/> Guardian | |
| Civic No. | | City | | Province | Quebec |
| Direction | | Home # | | Parent Work # | |
| Type of Street | | | | | |
| Street Name | | | | | |
| Apartment, if any | | | | | |

SIGNATURE

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 |
|---------------------------------|------------------------|-------------------------|