

STUDENT REGISTRATION FORM YOUTH SECTOR

SCHOOL YEAR:



Commission scolaire English-Montréal
English Montreal School Board

School: Laurier Macdonald High	Bldg. Code: 033	Start Date: 2021 - - <small>YEAR / MONTH / DAY</small>
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Student Identification Fiche No.

Family Name(s):	Given Name(s):
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Middle Names:	Cell No:
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Date of Birth: <small>Year / Month / Day</small>	E-Mail Address: <small>Sex</small>
Quebec Permanent Code	

Birth Place:		
<small>Country</small>	<small>City</small>	<small>Province</small>

Medicare No:	Expiry Date:
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Father's Information

Family Name(s):	Given Name(s):
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Place of Birth (Mandatory):	Date of Birth (YY/MM/DD): Deceased <input type="checkbox"/>
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Social Ins No:	Education: A B C D E F G H I
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Cell No:	E-Mail Address:
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Mother's Information

Maiden Name(s):	Given Name(s):
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Place of Birth (Mandatory):	Date of Birth (YY/MM/DD): Deceased <input type="checkbox"/>
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Social Ins No:	Education: A B C D E F G H I
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Cell No:	E-Mail Address:
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Guardian's Information

Family Name(s):	Given Name(s):
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Place of Birth (Mandatory):	Date of Birth (YY/MM/DD): Sex: M / F
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Social Ins No:	Education: A B C D E F G H I
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Cell No:	E-Mail Address:
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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: Father & Mother 2: Father 3: Mother 4: Guardian Joint Custody

Student Information:

Mother Tongue:	Language spoken at home:
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Level:	Grade:	Homeroom:
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Student Transportation Address

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