



**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
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**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:**

<b>(For BUS Purposes- Preferably a Parent)</b>		<b>(For SCHOOL Purposes- Other than a Parent)</b>	
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