

LESTER B. PEARSON HIGH SCHOOL STUDENT PRELIMINARY REGISTRATION FORM 2020-2021

Last school attended: _						
Please Print						
Student's family name_			Student's first name			
Student's date of birth:	Year	Month	Day	Gender: _	Male	Female
Address					_ Postal Code	
Telephone numbers	Home		Mother's Cell		Father's Cell	
Father's family name _			First r	ame		
Mother's family name _			First n	ame		
Please check of		<u>Progr</u>	am Choice	<u> </u>		
□ Regular Progran□ Resource Progra	n	-		e omy.		
☐ Honours Prograr☐ FLM (pending pl☐ Sports Études (psport:	lacement ex	am results)	•	ceptance i	in the sport)	
You may choose more	than one selec	tion for the ab	ove 3 specialize	d programs	requiring a placemo	ent exam.
	•		e the school to am (in the cas	•		



Date:

Parent/Guardian Signature: _____