

# STUDENT REGISTRATION FORM YOUTH SECTOR

**SCHOOL YEAR: 2024-2025**



Commission scolaire English-Montréal  
English Montreal School Board

**School:**

**Bldg. Code:**

**Start Date:** \_\_\_\_\_  
Year / Month / Day

**Student Identification** Fiche No.

Family Name(s): \_\_\_\_\_ Given Name(s): \_\_\_\_\_

Middle Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ **M** **F** \_\_\_\_\_  
Year / Month / Day Gender Quebec Permanent Code

Birth Place: \_\_\_\_\_  
Country City Province

Medicare No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**Parent - Information** Relationship to student: Please circle one Father or Mother

Family Name(s): \_\_\_\_\_ Given Name(s): \_\_\_\_\_

Place of Birth (Mandatory): \_\_\_\_\_ Date of Birth (YY/MM/DD): \_\_\_\_\_ Deceased

Social Ins No: \_\_\_\_\_ Please circle one Education: A B C D E F G H I

Cell No: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Parent - Information** Relationship to student: Please circle one Father or Mother

Family Name(s): \_\_\_\_\_ Given Name(s): \_\_\_\_\_

Place of Birth (Mandatory): \_\_\_\_\_ Date of Birth (YY/MM/DD): \_\_\_\_\_ Deceased

Social Ins No: \_\_\_\_\_ Please circle one Education: A B C D E F G H I

Cell No: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Legal Guardian - Information** Gender: Please circle one Male or Female

Family Name(s): \_\_\_\_\_ Given Name(s): \_\_\_\_\_

Place of Birth (Mandatory): \_\_\_\_\_ Date of Birth (YY/MM/DD): \_\_\_\_\_

Social Ins No: \_\_\_\_\_ Education: A B C D E F G H I

Cell No: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

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: Both Parents  2: Father  3: Mother  4: Guardian  Joint Custody

**Student Information:**

Mother Tongue: \_\_\_\_\_ Language spoken at home: \_\_\_\_\_

Level: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom: \_\_\_\_\_

Address  1: Both Parents  2: Father  3: Mother  4: Guardian

Civic No Direction Street Type Street Apartment

City P.O. Box Province Postal Code

( ) - ext. ( ) - ext. ( ) - ext.

Home Phone No: \_\_\_\_\_ (Parent 1) Work No: \_\_\_\_\_ (Parent 2) Work No: \_\_\_\_\_

Address 2 (Joint Custody Only) 2: Father  3: Mother

Civic No Direction Street Type Street Apartment

City P.O. Box Province Postal Code

( ) - ext. ( ) - ext. ( ) - ext.

Home Phone No: \_\_\_\_\_ (Father) Work No: \_\_\_\_\_ (Mother) Work No: \_\_\_\_\_

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 \_\_\_\_\_