

SCHOOL YEAR: 2022 - 2023

Commission scolaire English-Montreal
English Montreal School Board

School: PIERRE DE COUBERTIN

Bldg. Code:

Start Date:

2022 - 08 -23

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:

Person Legally Responsible1: Both Parents 2: Father 3: Mother 4: Guardian Joint Custody **Parent 1 - Information****RELATIONSHIP TO STUDENT:**

Father

or

Mother

Family Name(s):

Given Name(s):

Place of Birth (Mandatory):

Date of Birth (YY/MM/DD):

Deceased

Social Ins No:

Education: A B C D E F G H I

Cell No:

E-Mail Address:

Parent 2 - Information**RELATIONSHIP TO STUDENT:**

Father

or

Mother

Family Name(s):

Given Name(s):

Place of Birth (Mandatory):

Date of Birth (YY/MM/DD):

Deceased

Social Ins No:

Education: A B C D E F G H I

Cell No:

E-Mail Address:

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

Emergency contact (bussing purposes)**Emergency contact (school purposes)**

Name (preferably parent):

Name (other than parent):

Telephone:

Telephone:

Legal Guardian - Information

Gender:

Male

or

Female

Family Name(s):

Given Name(s):

Place of Birth (Mandatory):

Date of Birth (YY/MM/DD):

Cell No:

E-Mail Address:

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

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ext.

Home Phone No:

Father/Mother Work No:

Father/Mother 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

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ext.

Home Phone No:

Father/Mother Work No:

(Father/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