



SCHOOL INFORMATION (For School Staff)

School Code:	<input type="text"/>	GPI Fiche #:	<input type="text"/>
Building Code:	<input type="text"/>	Quebec Permanent Code (IF AVAILABLE):	<input type="text"/>
GPI Start Date (YY/MM/DD):	<input type="text"/>		
Level:	<input type="text"/>	Grade:	<input type="text"/>
		Homeroom:	<input type="text"/>

STUDENT IDENTIFICATION

Last Name(s):	<input type="text"/>	Country of Birth:	<input type="text"/>
First Name(s):	<input type="text"/>	Province of Birth:	<input type="text"/>
Middle Name(s):	<input type="text"/>	City of Birth:	<input type="text"/>
Date of Birth:	<input type="text"/>		
	YEAR / MONTH / DAY		
Gender (MANDATORY - CHECK ONE)	<input type="checkbox"/> Male (M) <input type="checkbox"/> Female (F) <input type="checkbox"/> Indeterminate (X) <input type="checkbox"/> Non-binary (I)	Medicare No:	<input type="text"/>
		Expiry Date:	<input type="text"/>
Mother Tongue:	<input type="text"/>	Language Spoken at home:	<input type="text"/>

PERSON LEGALLY RESPONSIBLE (CHECK ONE)

Both Parents
 Parent 1 only
 Parent 2 only
 Guardian

Parent 1 - Information

Last Name(s):	<input type="text"/>	Deceased	<input type="checkbox"/>
First & Middle Name(s):	<input type="text"/>	Social Ins No:	<input type="text"/>
Place of Birth (Mandatory):	<input type="text"/>	Mobile #:	<input type="text"/>
Date of Birth (YY/MM/DD):	<input type="text"/>	E-Mail Address:	<input type="text"/>
Education (CHECK ONE) :	<input type="text"/>		

Parent 2 - Information

Last Name(s):	<input type="text"/>	Deceased	<input type="checkbox"/>
First & Middle Name(s):	<input type="text"/>	Social Ins No:	<input type="text"/>
Place of Birth (Mandatory):	<input type="text"/>	Mobile #:	<input type="text"/>
Date of Birth (YY/MM/DD):	<input type="text"/>	E-Mail Address:	<input type="text"/>
Education (CHECK ONE) :	<input type="text"/>		

Guardian - Information

Last Name(s):	<input type="text"/>	Social Ins No: Mobile #:	<input type="text"/>
First & Middle Name(s):	<input type="text"/>	E-Mail Address:	<input type="text"/>
Place of Birth (Mandatory):	<input type="text"/>	Education (CHECK ONE) :	<input type="text"/>
Date of Birth (YY/MM/DD):	<input type="text"/>		
Gender (MANDATORY - CHECK ONE)	<input type="checkbox"/> Male (M) <input type="checkbox"/> 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:

(For BUS Purposes- Preferably a Parent)		(For SCHOOL Purposes- Other than a Parent)	
Contact Name:	<input type="text"/>	Contact Name:	<input type="text"/>
Telephone:	<input type="text"/>	Telephone:	<input type="text"/>

ADDRESS:

Both Parents
 Parent 1 only
 Parent 2 only
 Guardian

Civic No.	<input type="text"/>	City	<input type="text"/>
Direction	<input type="text"/>	Province	Quebec
Type of Street	<input type="text"/>	Postal Code	<input type="text"/>
Street Name	<input type="text"/>	Parent 1 - Work #	<input type="text"/>
Apartment, if any	<input type="text"/>	Home #	<input type="text"/>
		Parent 2 - Work #	<input type="text"/>

Second Address (for Joint Custody Only)

	<input type="checkbox"/> Parent 1 only	<input type="checkbox"/> Parent 2 only	<input type="checkbox"/> Guardian
Civic No.	<input type="text"/>	City	<input type="text"/>
Direction	<input type="text"/>	Province	Quebec
Type of Street	<input type="text"/>	Postal Code	<input type="text"/>
Street Name	<input type="text"/>	Home #	<input type="text"/>
Apartment, if any	<input type="text"/>	Parent Work #	<input type="text"/>

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