



**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"/>	*Please Check Off if you identify as Indigenous	
Gender (MANDATORY - CHECK ONE)    Male (M)    Female (F)    Indeterminate (X)    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)**

<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):	<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)    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:	<input type="text"/>	Contact Name:	<input type="text"/>
Telephone:	<input type="text"/>	Telephone:	<input type="text"/>

**ADDRESS:**

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

**Second Address (for Joint Custody Only)**

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