## Westmount High School REGISTRATION PACKAGE 2024-2025



In order for your child's registration to be complete, Westmount must be in possession of the following documents:

□ Westmount High School Information Form
□ Original Long Version Birth Certificate (with parent names)
□ Proof of Residence, if child was born outside of Quebec
( ) Category 1 ( ) Category 2
□ Original Eligibility Certificate
□ Grade 4 and 5 June report cards
□ Original Immigration Documentation (if applicable)
☐ Canadian Citizenship Papers if child was born outside of Canada
□ Work Permit
□ Study Permit
□ Course Selection Sheet
□ EMSB Consent to Photograph Form
□ Authorization for Release of Information Form
□ Parent Questionnaire
□ Emergency Health Record
□ Inter-board Agreement (if applicable)
□ \$90.00 certified cheque, debit/credit card or cash to cover the basic school fee*

\*Please note that a full refund will be issued if the student is not accepted by the school

## WESTMOUNT HIGH SCHOOL

#### Information Form

	ATION (Please print clearly		
			:
	Postal Code:		
~	Languages spol		
Name of Present School	ol:		Grade:
•	☐ English ☐ French /HS:		
PARENT/GUARDIA	AN INFORMATION (Plea	se print clearly)	
=	gally Responsible:		
	Rela		
· -			
	:	Date of Birth:	
	Ce		
	Re		
Email (required)	:		
Work Number	:	Cell #:	
Student living with:	□ Both Parents □ Paren	nt 1	□ Guardian
Donant 1 A 11	<i>If applicable:</i> □ Joint custod	y □ Sole custody	
City:	Postal Code:	Home Tel:	apt#
•	1 Ostai Code		
	Postal Code:		_
If Guardian is NOT P		1101116 161	
•	Ema	ail Address (required)	
Guardian's Work Num		Cell #:	
Gender:		th:	
	Trace of Bir		
	Postal Code:		
CHV:		1101110 1011	
City:			
	ACT INFORMATION (Plon	ase print clearly)	
EMERGENCY CONT	ACT INFORMATION (Pleated at high cannot be contacted at high		
EMERGENCY CONT (In case parent or guar	rdian cannot be contacted at h	nome, by cell or at work)	



#### **APPENDIX A**

## Consent to Photograph, Record, Video Students and Publish, Display, Distribute or Broadcast Students' Image or Work and Assign Student Email

During the course of the school year, students at Westmount High School are occasionally videotaped, recorded and or photographed for a variety of reasons, including school awards, special recognition, yearbooks, video projects and news programming. The student's name, school and grade may accompany such photographs, videos and web pages.

Some of these photographs / video images are published, displayed, distributed or broadcast outside of the school network and in these cases the School Board is required to obtain consent.

Also, during the school year, an email address may be assigned to a student.

Please fill in the requested information and check either Yes or No below to indicate whether you wish to give or not give your consent.

Student Name:				
School:				
I hereby release the school and the School Board from resulting from or connected with:	n any	liability	or dam	ages
The photographing, recording or video of a student:	Yes:		No: _	
The publishing, displaying, distribution or broadcasting of image/work:	Yes:		No: _	
The assignment of an email address:	Yes:		No: _	
Signature: Date:				
Parent / Guardian / Adult Student				

Please return this signed with your child's registration.

### WESTMOUNT HIGH SCHOOL

To be completed by Parent/Guardian

Parents, please take the time to complete the following to get a more accurate portrait of who your child is – a portrait that a report card cannot fully represent.

Student's Name:		
Student's Name:	Family Name	Given Name
Parent/Guardian Name: _		
	Family Name	Given Name
Student's Academic Hist	<u>ory</u>	
Student's Previous School	s:	Grade(s) :
		Grade(s) : Grade(s) :
		Grade(S)
What is the last grade you	r child successfully compl	eted?
Has your child ever receive	ed any academic, sports, i	mprovement or behavior awards?
Please describe		
Has your child ever skippe	d a level or been accelera	ted in a subject?
Has your child ever repeate	ed a level? Indicate level:	
Has your child had remedia	al help? Please indicate s	ubject(s), level(s) and frequency.
Has your child ever had an	individualized educationa	al plan or other resource services?
☐ Yes If yes, please	include copy of the IEP	□ No
	him/her better? You may	I would want us to know or which include interests, hobbies, study weaknesses.



#### **AUTHORIZATION TO RELEASE INFORMATION**

Student`s Family Name	Student`s First Name
Student`s Date of Birth (Year/Month/Day)	Permanent Code
Parent 1 Family Name First Name	Parent 2 Family Name First Name
Relationship to Student:	Relationship to Student:
I, the undersigned authorize	

Person`s Name and Title	
Name of Present School:	
Address	
City/Province/Postal Code	

#### to send the following information

- o Psychological/psycho-educational
- Psychiatric (full diagnostic report)
- Speech/language
- o Occupational therapy
- o Academic reports (e.g. IEP, Progress notes)
- o Other:

#### concerning the above-mentioned child to:

Student Services Westmount High School 4350 St. Catherine Street West Westmount, Quebec, H3Z1R1

Signature of Parent or Authorized Person	Date (Year/Month/Day)
Witness to the Signature	Date (Year/Month/Day)

# **Emergency Health Records 2024-2025**

#### WESTMOUNT HIGH SCHOOL

Gener	al information
Name (student) :	School grade :
First name :	Class room number :
Address:	Language spoken at home :
Postal code:	Date of birth ://
	Year Month Day
Health insurance No:	Expiry date :/ Year Month
Access to private group health insurance □	
Please fill out (in case of emergency contact):	Dippoyr 2
PARENT 1	PARENT 2
Last Name :	Last Name :
First name: Relationship	First name: Relationship
to Student:	to Student:
A home:	Thoma:
work:	work:
ar other:	a other:
OTHER	Guardian
Last Name :	Last Name :
First name:	First name:
Relationship	
to Student:	
** home :	home:
work:	** work :
Tother:	★ other:
<b>might require immediate intervention</b> at s diabetes).	e school must be informed of health problems that school (severe allergy to food or insect bites, m? Yes   If yes, complete the back of the sheet No
	the occur during the present school year
Please inform the school of any change that mic	
Please inform the school of any change that mig	the occur during the present school year.

Signature of parent/guardian

## **Emergency Health Records** 2024-2025

#### WESTMOUNT HIGH SCHOOL

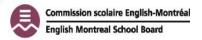
#### **Additional information**

(Fill only if your child has health problems that migh	-		901)
•	Yes □	No □	
Does your child suffer from:			
SEVERE ALLERGY: To ➤ Food: Yes □	No □ No □ No □ No □		
If so, specify:			
Emergency medication: Yes ☐ EpiPen or Twi No ☐ Other:	•	rject: Yes 🗆	No □ —
DIABETES:	Yes 🗆	No □	
Emergency medication: Yes  Specify No    Emergency care plan: Other information in case of emergency			
OTHERS: Does your child suffer from any other problem may require immediate assistance at school	01?	Yes □ No □	
If so, specify:			
Medical recommendation in case of emergency : Ye Specify :		o 🗆	
I authorize the CSSS to keep this information on file the CSSS nurse to transmit the information contains may have to intervene in case of emergency.  Signature of parent/guardian	ed in this doo	e://	
		rear Worth L	vay
Changes in the state of health (during the school year):			



# $\begin{array}{c} Westmount\ High\ School \\ {\tt A\ College\ Board\ Advanced\ Placement\ School} \end{array}$





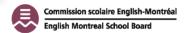
4350 Ste. Catherine Street West, Westmount, QC H3Z 1R1 Tel.: 514-933-2701 Fax: 514-933-2663 www.emsb.qc.ca/westmount

	Course Selection (2024-2025)	Cycle 1 / Year 1 (Secondary 1)
Family Nar First Name	me:	
Present Sc	nooi:	
Т	he following are the <b>Cycle 1 / Year 1 (Secondary</b> Please select either the <b>Englis</b> 634100 French Local Programme ( <i>office use on</i>	
# of		
Periods	English Program	Immersion Program
6	634106 French, Second Language	635106 Français Enrichie
4	555104 Science, Technology & Robotics	055104 Science, technologie et robotique
	595103 Geography	095103 Géographie
6	587103 History and Citizenship	087103 Histoire et citoyenneté
	617140 Study Methods	117140 Méthodes d'apprentissage
2	569102 Ethics and Religious Culture	069102 Éthique et culture religieuse
3	543102 Physical Educ	ration And Health
6	632106 English, Lang	
6	Please select one math 563126 Mathematics 563126 Mathematics	
33	* Pre-requisite : a mark of 90 % or greater from Grad	es 5 & 6 to be eligible for Pre-Ap Math (Pre- Advanced Placement)
	Students agree to follow the Arts Education electi	ve for the duration of Cycle 1 (Secondary 1 and 2)
# of Periods	Arts Education: Students will ob	tain only ONE course, but are requested to number (1,2,3) all courses, in order of preference.
3	669104 Music	668104 Visual Arts
36		
	•	
	Signature of Student	Signature of Parent/Guardian



## Westmount High School A College Board Advanced Placement School





4350 Ste. Catherine Street West, Westmount, QC H<sub>3</sub>Z 1R<sub>1</sub> Tel.: 514-933-2701 Fax: 514-933-2663 www.emsb.qc.ca/westmount

Student and Course Selection: 2024-2025

contents and shall adhere to its implications.

Parent/Guardian's e-mail:

- All students shall adhere to the school uniform and purchase it from our supplier.
- All students are expected to arrive on time and attend all scheduled classes daily.
- All students must work to the best of their abilities and cooperate with their teachers.
- Students are expected to be respectful towards each other, the staff, and any other adult.
- There will be zero tolerance for any student who makes it difficult for a teacher to teach or student to learn.

We have read the Westmount High School course selection sheet and expectations. We understand the

Parent or legal guardian's signature Stude	Student's signatu
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No registration shall be accepted without the parent (or legal guardian) and student's signatures.