## 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
□ Latest report card and last year final report card
□ 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 fron resulting from or connected with:	n any I	iability	or dama	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:				

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

- Psychological/psycho-educational
- Psychiatric (full diagnostic report)
- o Speech/language
- 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

	information
Name (student) :	School grade :
First name :	Class room number :
Address:	Language spoken at home :
Postal code:	Date of birth :/
Gender: F□ M□ Other: □	Year Month Day
Health insurance No :	Expiry date :/
Access to private group health insurance □	Access to public group health insurance □
Please fill out (in case of emergency contact):  PARENT 1	PARENT 2
	TAKENT 2
	Last Name:
	Relationship
to Student:	o Student:
A home:	home:
@1- ·	Two electrical and the state of
a other:	e other:
other.	other.
OTHER	Guardian
Last Name : I	Last Name :
	First name:
Relationship	
to Student:	
	home :
<b>*</b> work :	<b>w</b> work :
<b>☎</b> other :	other:
In order to insure the security of your child, the semight require immediate intervention at scholabetes).	
Does your child suffer from such a health problem?	? Yes ☐ <u>If yes, complete the back of the sheet</u> No ☐
Please inform the school of any change that might	occur during the present school year.
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	nly be transmitted to the school nurse and to the sc

Signature of parent/guardian

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

#### WESTMOUNT HIGH SCHOOL

#### **Additional information**

(Fill only if your child has health problems that m	ight require immed	iate intervention at sch	ıool)
Has your child's state of health changed since last year:	Yes □	No □	
Does your child suffer from:			
SEVERE ALLERGY: To ➤ Food: Yes □  ➤ Insect bites: Yes □  ➤ Other: Yes □	No □ No □		
or ASTHMA: Yes □  If so, specify:			
<b>Emergency medication</b> : Yes □ EpiPen or T	winject or Alle		 No □
DIABETES:	Yes 🗆	No □	
Emergency medication : Yes  Specifor No  Spe			
OTHERS: Does your child suffer from any other proble may require immediate assistance at sche		Yes □ No □	
If so, specify:			
Medical recommendation in case of emergency : Y		o 🗆	
I authorize the CSSS to keep this information on f the CSSS nurse to transmit the information contai may have to intervene in case of emergency.	ined in this do	cument to the scl	
Signature of parent/guardian	Dai	e:///	Day
Changes in the state of health (during the school year	r): 		
			<u></u> -



## Westmount High School

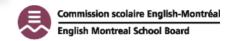
A College Board Advanced Placement School

4350 Ste. Catherine Street West, Westmount, QC H3Z 1R1

Tel.: 514-933-2701 Fax: 514-933-2663

www.emsb.qc.ca/westmount





Signature of Parent / Guardian

**Print Clearly** - Family Name: **Print Clearly - First Name:** Homeroom: Please select PROGRAM of choice ENGLISH or IMMERSION (final Number 2024-2025 approval by administration) of Cycle 2 / Year 3 Secondary 5 periods 634544 French Local Programme (office use only **ENGLISH PROGRAM** 634504 French Second Language 6 4 592502 Contemporary World / 602522 Finance 612536 English Language Arts 612536 AP English (Office Use Only) 6 Select only 563504 Math Cultural - Social- Tech (CST) or one Math \*Pre -requisite: 75% or greater in course 565506 Math Science (SN) \* or 6 Math 565426 \*\*Pre -requisite: 75% or greater in 566574 Math AP Calculus AB \*\* Math 565506 2 543502 Physical Education 569502 Ethics & Religious Culture 2 **IMMERSION PROGRAM** 635506 Français Enrichi 6 092502 Monde Contemp./102522 Éduc.financière 4 612536 AP English (Office Use Only) 6 612536 English Language Arts Select only 563504 Math Cultural - Social- Tech (CST) or one Math \*Pre -requisite: 75% or greater in 565506 Math Science (SN)\* or course 6 Math 565426  $\square$ \*Pre -requisite: 75% or greater in 566574 Math AP Calculus AB\*\* Math 565506 543502 Physical Education 2 069502 Éthique et culture religieuse Students will obtain ONLY ONE course, but are requested to number (1,2,3) in order of preference: **Options** 2 670502 Drama 669502 Music (Advanced) - previous instruction required 2 668502 Visual Arts Pre-AP 2 Please select either the SCIENCE PROGRAM or ELECTIVE COURSES Pre-requisite: 75% or better in Science Math(565426) and Co-requisite: Math **Science Program Environmental Science & Technology** Science (SN) or Calculus 551504 Chemistry These courses must be taken together. 553504 Physics ALL students must number in order of preference from 1 to 8. ONLY Students NOT accepted in the Science Program will obtain TWO of the selected courses below. **Elective Courses** ALL ELECTIVES ARE SUBJECT TO ENROLLMENT LIMITS AND ADMINISTRATIVE APPROVAL 626554 AP Psychology 668504 AP 2-D Art and Design 546544 PE Leadership 4 535544 Biology 603574 Introduction to Philosophy 4 669504 Music (Advanced) - previous instruction required 4 670504 Media Arts Drama 4 699554 Technical Exploration 4 36 Date

I will not be returning to Westmount High School for the 2024/25 school year

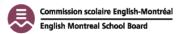
Signature of Student

Reason:



## 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	Student's signature

No registration shall be accepted without the parent (or legal guardian) and student's signatures.