

NAME OF SCHOOL

20__-20__ Registration Form



COMMISSION SCOLAIRE SIR-WILFRID-LAURIER
SIR WILFRID LAURIER SCHOOL BOARD

IDENTIFICATION OF STUDENT

FILE NUMBER		PERMANENT CODE	
STUDENT'S LAST NAME	STUDENT'S FIRST NAME	SEX	DATE OF BIRTH YYYY-MM-DD
OTHER MIDDLE NAMES			
PLACE OF BIRTH	QUEBEC REGISTRATION (NIREC)	AGE ON SEPT 30TH	

IDENTIFICATION OF PARENTAL AUTHORITY

(according to the Birth Certificate)

PARENT 1 LAST NAME	PARENT 1 FIRST NAME	<input type="checkbox"/> Responsible	DATE OF BIRTH YEAR-MTH-DAY	PLACE OF BIRTH	DEATH INDICATOR
E-MAIL ADDRESS	MOBILE				
PARENT 2 LAST NAME	PARENT 2 FIRST NAME	<input type="checkbox"/> Responsible	DATE OF BIRTH YEAR-MTH-DAY	PLACE OF BIRTH	DEATH INDICATOR
E-MAIL ADDRESS	MOBILE				
GUARDIAN'S LAST NAME	GUARDIAN'S FIRST NAME	<input type="checkbox"/> Responsible	SEX	PLACE OF BIRTH	
GUARDIAN'S E-MAIL ADDRESS	GUARDIAN'S MOBILE				

Information required by Director General of Elections

The email is an important and efficient means of communication to receive information from child's school and the school board.

INFORMATION ON STUDENT

MOTHER TONGUE	PRIMARY LANGUAGE	ZONED SCHOOL	REQUESTED SCHOOL
		GRADE	BILLING ADDRESS FOR SCHOOL FEES (Sending address of statement of account)
		DAYCARE SERVICES 1= 3 days and more 2= less than 3 days N= not required U= undecided	M=MEQ (check address) 1= Parent 1 and 2 2= Parent 1 3= Parent 2 4= Guardian
Allergies or health issues: (Comment on record)	1- Does your child have special needs? Yes No 2- Are you requesting a derogation for early admission? If yes, contact Pedagogical Services 3- Did your child attend daycare prior to kindergarten? If so, specify the name of the daycare: _____		

ADDRESS

Living at this address: **Parent 1** **Parent 2** **Guardian** **Property Owner:** YES NO

CIVIC No.	TYPE ST/R.R./RD	STREET NAME	N/S/E/W	APT No.	CITY	POSTAL CODE
POST OFFICE BOX	PHONE NUMBER HOME	TELEPHONE 1	TELEPHONE 2	OTHER TELEPHONE NUMBER		
MELS Doc. Trsp. AM PM	JOINT CUSTODY:					

PROOF OF RESIDENCE IN QUEBEC OF THE STUDENT

I declare that I have reviewed the two proofs of residence (see below) submitted to confirm that the residence of the student is in Québec:

Document : _____ Document : _____
Date: _____ Signature of person in charge of admissions: _____

SIGNATURE

I solemnly attest that all the information is accurate.

This registration is contingent upon the student being declared eligible for English language instruction by the Ministère de l'Éducation (MEQ).

Date: _____ Signature: _____
 PARENT GUARDIAN