

## STUDENT REGISTRATION FORM YOUTH SECTOR


 Commission scolaire English-Montréal  
 English Montreal School Board

<b>School:</b>	<b>M.I.N.D. High School</b>	<b>Bldg. Code:</b>	<b>107</b>	<b>Start Date:</b>	<b>2018-2019</b>
					YEAR / MONTH / DAY
<b>Student Identification</b>			<b>Fiche No.</b>		
Family Name(s):			Given Name(s):		
Middle Names:					
Date of Birth:					
Year / Month / Day		Sex	Quebec Permanent Code		
Birth Place:					
Country		City		Province	
Medicare No:			Expiry Date:		
<b>Father's Information</b>					
Family Name(s):			Given Name(s):		
Place of Birth (Mandatory):			Date of Birth (YY/MM/DD):		Deceased <input type="checkbox"/>
			Education:      A   B   C   D   E   F   G   H   I		
Cell No:			E-Mail Address:		
<b>Mother's Information</b>					
Maiden Name(s):			Given Name(s):		
Place of Birth (Mandatory):			Date of Birth (YY/MM/DD):		Deceased <input type="checkbox"/>
			Education:      A   B   C   D   E   F   G   H   I		
Cell No:			E-Mail Address:		
<b>Guardian's Information</b>					
Family Name(s):			Given Name(s):		
Place of Birth (Mandatory):			Date of Birth (YY/MM/DD):		Gender: M / F
			Education:      A   B   C   D   E   F   G   H   I		
Cell No:			E-Mail Address:		
<b>A:</b> Elementary Studies or Less <b>B:</b> Secondary School or Equivalent without Diploma <b>C:</b> Secondary School Diploma or Equivalent <b>D:</b> Uncompleted College Studies <b>E:</b> Pre-University Programs, BA in French or Equivalent <b>F:</b> Diploma if College Studies (Technical Programs) or Equivalent <b>G:</b> University Studies - not completed <b>H:</b> University Diploma <b>I:</b> Other					
<b>Person Legally Responsible</b>					
1: Father & Mother <input type="checkbox"/> 2: Father <input type="checkbox"/> 3: Mother <input type="checkbox"/> 4: Guardian <input type="checkbox"/> Joint Custody <input type="checkbox"/>					
<b>Student Information:</b>					
Mother Tongue:			Language spoken at home:		
Level:		Grade:		Homeroom:	
Address		1: Father & Mother <input type="checkbox"/>		2: Father <input type="checkbox"/> 3: Mother <input type="checkbox"/> 4: Guardian <input type="checkbox"/>	
Civic No                      Direction                      Street Type                      Street                      Apartment					
City		P.O. Box	Province	Postal Code	
(      )                      -                      ext.		(      )	-	(      )                      -                      ext.	
Home Phone No:		(Father) Work No:		(Mother) Work No:	
<b>Address 2 (Joint Custody Only)</b>			2: Father <input type="checkbox"/>		3: Mother <input type="checkbox"/>
Civic No                      Direction                      Street Type                      Street                      Apartment					
City		P.O. Box	Province	Postal Code	
(      )                      -                      ext.		(      )	-	(      )                      -                      ext.	
Home Phone No:		(Father) Work No:		(Mother) Work No:	
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	