

STUDENT REGISTRATION FORM YOUTH SECTOR

SCHOOL YEAR:



Commission scolaire English-Montréal
English Montreal School Board

SCHOOL: JAMES LYNG HIGH SCHOOL

BUILDING CODE: 101

START DATE:
YEAR / MONTH / DAY

Student Identification **Fiche No.** _____

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: _____

Father's Information

Family Name(s): _____ Given Name(s): _____

Place of Birth (Mandatory): _____ Date of Birth (YY/MM/DD): _____ Deceased

Social Ins No: _____ Education: A B C D E F G H I

Cell No: _____ E-Mail Address: _____

Mother's Information

Family Name(s): _____ Given Name(s): _____

Place of Birth (Mandatory): _____ Date of Birth (YY/MM/DD): _____ Deceased

Social Ins No: _____ Education: A B C D E F G H I

Cell No: _____ E-Mail Address: _____

Guardian's Information

Family Name(s): _____ Given Name(s): _____

Place of Birth (Mandatory): _____ Date of Birth (YY/MM/DD): _____ Sex: M / F

Social Ins No: _____ Education: A B C D E F G H I

Cell No: _____ E-Mail Address: _____

A: Elementary Studies or Less B: Secondary School or Equivalent without Diploma C: Secondary School Diploma or Equivalent
D: Uncompleted College Studies E: Pre-University Programs, BA in French or Equivalent
F: Diploma if College Studies (Technical Programs) or Equivalent G: University Studies - not completed H: University Diploma I: Other

Person Legally Responsible

1: Father & Mother: 2: Father: 3: Mother: 4: Guardian:

Student Information:

Mother Tongue: _____ Language spoken at home: _____

Level: _____ Grade: _____ Homeroom: _____

Student Transportation Address

Civic No Direction Street Type Street Apartment

City P.O. Box Province Postal Code
() - ext. () - 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