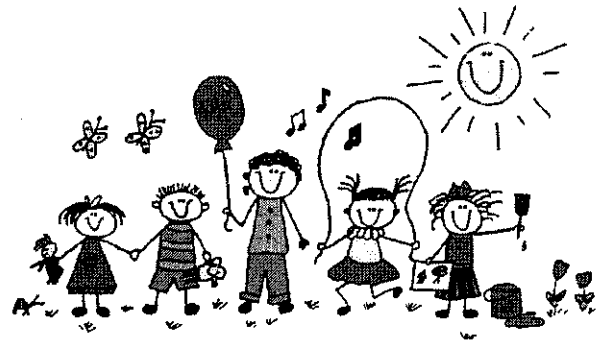


EAST HILL DAYCARE



...a fun place to
 play and learn!

Student's Name:

Parent 1 Name:

Parent 2 Name:

	Home #	Cell #	Work #
Parent 1 phone #			
Parent 2 phone #			

My child **will be** needing daycare for the 2021-2022 school year.

Please check off the days requested for Daycare:

Monday

Tuesday

Wednesday

Thursday

Friday

My child **will not be** needing daycare for the 2021-2022 school year.



Used only when a family member has already been declared eligible
by virtue of section 73, 76 or 86.1 of the Charter.

À L'USAGE DU MINISTÈRE

The information requested on this form is needed to determine whether a
child is eligible to receive instruction in English, in accordance with the *Charter
of the French language* and the applicable regulations. This information will
be dealt with confidentiality, in accordance with the *Act respecting Access to
documents held by public bodies and the Protection of personal information*.

Date de réception

À L'USAGE DE L'ORGANISME SCOLAIRE

Code du bâtiment	Code de l'organisme	Code de l'école	Code permanent de l'élève
	887000		
Organisme scolaire	Date de la reproduction	Signature	
English Montreal School Board		X	

Section 1 – Request (Please print)

I, the undersigned, request that

Child's last name	Child's first name

be declared eligible for instruction in English under the Charter of the French language. This request is based on the information provided on this form
and in the attached documents. I understand that this information as well as the validity of my application may be subject to verification.

School year for which this application is being filed:

	-	
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Applicant's last name	Applicant's first name

Applicant's capacity:

Father - Holder of parental authority
 Mother - Holder of parental authority
 Other person having *de facto* custody of the child, as long as the holder
of parental authority does not object.

Applicant's signature	Date
X	

Section 2 – Criteria (Please print)

Give the name of the parent (the father or mother as it appears on the birth certificate) or the name of the brother or sister who has already been
declared eligible.

Last name	First name

Sex	Date of birth	Permanent code	Relationship with child for whom the request is being filed:
			<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Brother <input type="checkbox"/> Sister

STUDENT REGISTRATION FORM YOUTH SECTOR

SCHOOL YEAR: **2021-2022**



Commission scolaire English-Montréal
English Montreal School Board

School:

Bldg. Code:

Start Date:

YEAR / MONTH / DAY

Student Identification **Fiche No.**

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

Middle Names:

Date of Birth: M F
Year / Month / Day Gender Quebec Permanent Code

Birth Place:
Country City Province

Medicare No: Expiry Date:

Parent 1 - Information Relationship to Student: **Father or Mother**

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:

Parent 2 - Information Relationship to Student: **Father or Mother**

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:

Legal Guardian - Information Gender: **Male or Female**

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

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

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 of College Studies (Technical Programs) or Equivalent G: University Studies - not completed
 H: University Diploma I: Other

Person Legally Responsible

1: Both Parents 2: Father 3: Mother 4: Guardian Joint Custody

Student Information:

Mother Tongue: Language spoken at home:

Level: Grade: Homeroom:

Address 1: Both Parents 2: Father 3: Mother 4: Guardian

Civic No Direction Street Type Street Apartment

City P.O. Box Province Postal Code

() - ext. () - ext. () - ext.

Home Phone No: (Parent 1) Work No: (Parent 2) Work No:

Address 2 (Joint Custody Only) 2: Father 3: Mother

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