



Lester B. Pearson
School Board

1925 Brookdale Avenue
Dorval (Quebec)
H9P 2Y7

Commission scolaire
Lester-B.-Pearson

REGISTRATION 2022-2023 ELEMENTARY

Previous School (If Applicable) _____

STUDENT IDENTIFICATION

Family Name		First Name	Middle Name(s)	
_____		_____	_____	
Sex	Permanent Code	Date of Birth		
_____	_____	_____ (YYYY/MM/DD)		
Country/Province of Birth	City of Birth	Mother Tongue	Home Language	
_____	_____	_____	_____	
Civic No,	Street, Type of Street(AV, BV, ST...)	Apt	City	Postal Code Home Telephone
_____	_____	_____	_____	_____ ()
Medicare Number	Exp. Year/Month	Medical alert		
_____	_____	_____		

Child resides with : Parent-1 and Parent-2 Parent-1 Guardian Other (Specify): _____
 Parent-2

Parent-1 Family Name _____ Given Name _____ Country/Province of Birth _____ Deceased

Address (If different than student) Civic No _____ Street Name _____ Type of Street(AV, BV, ST...) _____ Apt _____ City _____ Postal Code _____

Cell _____ Home Telephone _____ Telephone at work _____ Email _____ D.O.B.(YY/MM/DD) _____ / _____ / _____

Parent-2 Family Name _____ Given Name _____ Country/Province of Birth _____ Deceased

Address (If different than student) Civic No _____ Street Name _____ Type of Street(AV, BV, ST...) _____ Apt _____ City _____ Postal Code _____

Cell _____ Home Telephone _____ Telephone at work _____ Email _____ D.O.B.(YY/MM/DD) _____ / _____ / _____

Guardian (If other than Parent) Family Name _____ Given Name _____ Relationship _____

Address (If different than student) Civic No _____ Street Name _____ Type of Street(AV, BV, ST...) _____ Apt _____ City _____ Postal Code _____

Cell _____ Home Telephone _____ Telephone at work _____ Guardian's email _____ D.O.B.(YY/MM/DD) _____ / _____ / _____

DIFFICULTIES	Yes	No	Yes	No
Has the child received special support ?	<input type="checkbox"/>	<input type="checkbox"/>	Will the child need special support ?	<input type="checkbox"/> <input type="checkbox"/>
Learning <input type="checkbox"/>	Behavior <input type="checkbox"/>	Other <input type="checkbox"/>	Specify _____	
Comments:	_____			

Following confirmation of eligibility for English language instruction, your child will be admitted to the LESTER B. PEARSON SCHOOL BOARD for the 2022-2023 school year. * School requested: _____

Language of correspondance (MEES): English French

I attest that the above information is correct. _____ Signature of Parent or Guardian _____ Date (YY/MM/DD)

Will your child have a sibling attending our school during the 2022-2023 school year? If so, name of sibling: _____

*Confirmation of placement based on available space and enrollment criteria.

(To be completed by school)	Schooling	Grade	Program
_____	_____	_____	_____