



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

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

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)**  
 ( ) ( ) ( ) 19 / /

**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)**  
 ( ) ( ) ( ) 19 / /

**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)**  
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<b>DIFFICULTIES</b>	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"/>	_____
<b>Comments:</b>	<b>Specify</b>			
_____				

Following confirmation of eligibility for English language instruction, your child will be admitted to the LESTER B. PEARSON SCHOOL BOARD and will be registered at \_\_\_\_\_ for the 2022-2023 school year.

Children who reach the age of 5 before October 1st of the current school year shall be admitted to Kindergarten.

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: \_\_\_\_\_

<b>(To be completed by school)</b>	<b>Schooling</b>	<b>Grade</b>	<b>Program</b>
_____	_____	_____	_____