



Lester B. Pearson  
School Board

1925 Brookdale Avenue  
Dorval (Quebec)  
H9P 2Y7

Commission scolaire  
Lester-B.-Pearson

# REGISTRATION 2024-2025 ELEMENTARY

Previous School (If Applicable) \_\_\_\_\_

## STUDENT IDENTIFICATION (as recorded on the student's birth certificate)

Family Name	First Name	Middle Name(s)		
_____	_____	_____		
Sex/Gender (M, F or X)	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
_____	_____	_____	_____	( )
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, 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, 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, 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)** / /

<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"/>	_____
Specify _____					
Comments: _____					

Following confirmation of eligibility for English language instruction, your child will be admitted to the LESTER B. PEARSON SCHOOL BOARD and will be considered at \_\_\_\_\_ for the 2024-2025 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 2024-2025 school year? If so, name of sibling: \_\_\_\_\_

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