



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)

<b>Family Name</b>	<b>First Name</b>	<b>Middle Name(s)</b>		
_____	_____	_____		
<b>Sex/Gender (M, F or X)</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, Street, Type of Street (AV, BV, ST...)</b>		<b>Apt.</b>	<b>City</b>	<b>Postal Code</b>
_____		_____	_____	_____
				<b>Home Telephone</b>
				( )
<b>Medical alert</b>				
_____				

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

**Parent-1**

<b>Family Name</b>	<b>Given Name</b>	<b>Country/Province of Birth</b>	<b>Deceased</b>
_____	_____	_____	<input type="checkbox"/>
<b>Address</b> <small>(If different than student)</small>	<b>Civic No, Street, Type of Street (AV, BV, ST...)</b>	<b>Apt.</b>	<b>City</b>
_____	_____	_____	_____
<b>Postal Code</b>	<b>Home Telephone</b>	<b>Telephone at work</b>	<b>Email</b>
_____	( )	( )	_____
<b>Cell</b>	<b>Home Telephone</b>	<b>Telephone at work</b>	<b>D.O.B.(YY/MM/DD)</b>
( )	( )	( )	/ /

**Parent-2**

<b>Family Name</b>	<b>Given Name</b>	<b>Country/Province of Birth</b>	<b>Deceased</b>
_____	_____	_____	<input type="checkbox"/>
<b>Address</b> <small>(If different than student)</small>	<b>Civic No, Street, Type of Street (AV, BV, ST...)</b>	<b>Apt.</b>	<b>City</b>
_____	_____	_____	_____
<b>Postal Code</b>	<b>Home Telephone</b>	<b>Telephone at work</b>	<b>Email</b>
_____	( )	( )	_____
<b>Cell</b>	<b>Home Telephone</b>	<b>Telephone at work</b>	<b>D.O.B.(YY/MM/DD)</b>
( )	( )	( )	/ /

**Guardian**  
(If other than Parent)

<b>Family Name</b>	<b>Given Name</b>	<b>Relationship</b>	
_____	_____	_____	
<b>Address</b> <small>(If different than student)</small>	<b>Civic No, Street, Type of Street (AV, BV, ST...)</b>	<b>Apt.</b>	<b>City</b>
_____	_____	_____	_____
<b>Postal Code</b>	<b>Home Telephone</b>	<b>Telephone at work</b>	<b>Guardian's email</b>
_____	( )	( )	_____
<b>Cell</b>	<b>Home Telephone</b>	<b>Telephone at work</b>	<b>D.O.B.(YY/MM/DD)</b>
( )	( )	( )	/ /

**DIFFICULTIES**

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

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: \_\_\_\_\_

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