



Lester B. Pearson
School Board

1925 Brookdale Avenue
Dorval (Quebec)
H9P 2Y7

Commission scolaire
Lester-B.-Pearson

REGISTRATION 2025-2026 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)	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)** / /

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"/>
Learning <input type="checkbox"/>		Behavior <input type="checkbox"/>	Other <input type="checkbox"/>	_____
Comments: _____			Specify _____	

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 2025-2026 school year

*Children who reach the age of 5 on or before September 30th of the current school year shall be admitted to Kindergarten.

Language of correspondance (MEQ): 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 2025-2026 school year? If so, name of sibling: _____

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