



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
_____	_____	_____
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
_____	_____	_____	<input type="checkbox"/>
Address <small>(If different than student)</small>	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
_____	_____	_____	<input type="checkbox"/>
Address <small>(If different than student)</small>	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 <small>(If different than student)</small>	Civic No, Street, Type of Street (AV, BV, ST...)	Apt. City	
_____	_____	_____	
Cell	Home Telephone	Telephone at work	
()	()	()	
		Guardian's email	

			D.O.B.(YY/MM/DD) / /

DIFFICULTIES

Has the child received special support ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Will the child need special support ?	Yes <input type="checkbox"/>	No <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 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
_____	_____	_____	_____