

Registration Questionnaire

Student's Information

Student's Full Name: _____

(As on birth certificate)

Date of Birth: _____ Present Level ____ Entering ____ Last level completed ____

Province(s) of Elementary/Secondary schooling: _____

Name of current school: _____

Does child have an IEP (Individual Education Plan or Plan of Intervention)? _____

Parent's Information

Father's Full Name: _____ D.O.B. _____
(First name/ middle name(s)/ last name)

Mother's Full Name: _____ D.O.B. _____
(First name/ middle name(s)/ last name)

Father's E-mail _____

Mother's E-mail: _____

Home #: _____ Work #: _____

Cell #: _____

Information to Determine Eligibility

Parents: Canadian Citizen OR Permanent Resident

Did the student or the child's father or mother or a sibling attend an English school in Quebec?

If so who: (Full name) _____ Date of Birth: _____

Full Name of Parents (**grandparent of the child**) of the Father or Mother who attended an English school in Quebec:

Parent's Father: _____

Parent's Mother: _____

OR

Did either of the parents attend elementary (Primary) schooling within Canada in English?

Name: _____

Or siblings of child? Name: _____