



APPLICATION FORM

Application for admission for the school year 20____ - 20____

Level : Preschool (3-6)_____ Elementary Cycle 1 (6-8)_____ Cycle 2 (8-10)_____ Cycle 3 (10-12) _____

Surname of the student _____ First name _____ Sex _____

Permanent code number of Quebec Ministry of Education _____

Address _____ Tel.: _____

_____ Postal Code _____

Place of Birth _____ Date _____

Nationality _____ Mother Tongue _____

Language usually spoken at home? French _____ English _____ Other _____

Religion _____ Will the student take the «Ethics and Religious Culture» course? Yes _____ No _____

Surname and first name of the father _____ SIN _____

Address of the father _____ Postal Code _____ Tel.: _____

Occupation of the father _____ Name of the father's employer _____

Address _____ Postal Code _____ Tel. : _____

Maiden name and first name of the mother _____ SIN _____

Address of the mother _____ Postal Code _____ Tel.: _____

Occupation of the mother _____ Name of the mother's employer _____

Address _____ Postal Code _____ Tel. : _____

If the parents are separated, to which one should the School send the correspondence?: to the father _____ to the mother _____

In which language would you like to receive your correspondence?: French _____ English _____

To which parent should the School complete the RL 24 SLIP?: to the father _____ to the mother _____

'GARDERIE'/SUPERVISED STUDY until 5:30 pm : YES _____ NO _____ OCCASIONALLY _____

Name of brothers and sisters	Age	Schools Attended

In case of emergency, name, address and phone number of the person to reach:

_____ Tel. : _____

The parents bind themselves to clauses and conditions of the School

Date of registration _____ Registration fee \$ _____ non refundable

Parents' signature _____ School's signature _____