



COMMISSION SCOLAIRE CENTRAL QUÉBEC
CENTRAL QUÉBEC SCHOOL BOARD

SCHOOL YEAR: 2025-2026

ID. No.

Cycle - Year

HMR:

REGISTRATION FORM FOR ADMISSION AND ENROLMENT

1. IDENTIFICATION OF STUDENT (as shown on student's birth certificate)

STUDENT'S FAMILY NAME		STUDENT'S FIRST NAME		OTHER NAMES	
SEX	DATE OF BIRTH (Y/M/D)	PERMANENT CODE	CITY OF BIRTH	PLACE OF BIRTH: PROV./COUNTRY	
MOTHER TONGUE		LANGUAGE AT HOME			
NAME OF EMERGENCY CONTACT			EMERGENCY PHONE NUMBER		

2. IDENTIFICATION OF PARENTS (as shown on student's birth certificate)

PERSON WITH WHOM CHILD RESIDES:	<input type="checkbox"/> PARENT	E-MAIL ADDRESS OF PARENT	<input type="checkbox"/> PARENT	E-MAIL ADDRESS OF PARENT
	<input type="checkbox"/> JOINT CUSTODY	<input type="checkbox"/> OTHER: PLEASE SPECIFY: STEP-PARENT, LEGAL GUARDIAN, ETC. / GUARDIAN'S E-MAIL ADDRESS		
NAME OF PARENT		FIRST NAME OF PARENT	DATE OF BIRTH (Y/M/D)	PLACE OF BIRTH: PROVINCE/COUNTRY
NAME OF PARENT		FIRST NAME OF PARENT	DATE OF BIRTH (Y/M/D)	PLACE OF BIRTH: PROVINCE/COUNTRY

3. HOME ADDRESS OF STUDENT

If the child's home address is not identical to the address for school bus transportation, please complete the transportation form which will be available on our web site as of February.

CIVIC NO.	TYPE	STREET	N, S, E, W	APT. NO.	POST OFFICE BOX
MUNICIPALITY		PROVINCE	POSTAL CODE	HOME PHONE NUMBER	OTHER PHONE NUMBER

ADDRESS OF PARENT

Please complete if different from child's address.

Same as child's address:

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CIVIC NO.	STREET		APT. NO.	POST OFFICE BOX
MUNICIPALITY	PROVINCE	POSTAL CODE	HOME PHONE NUMBER	WORK PHONE NUMBER
			EXT.	CELL PHONE NUMBER

ADDRESS OF PARENT

Please complete if different from child's address.

Same as child's address:

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CIVIC NO.	STREET		APT. NO.	POST OFFICE BOX
MUNICIPALITY	PROVINCE	POSTAL CODE	HOME PHONE NUMBER	WORK PHONE NUMBER
			EXT.	CELL PHONE NUMBER

PROPERTY OWNER(S)? YES ☐ NO ☐ IF YES SCHOOL TAXES ARE PAID TO:

4. SPECIAL NEEDS

DOES YOUR CHILD REQUIRE OR HAS YOUR CHILD RECEIVED SPECIAL EDUCATION SERVICES?

YES ☐

NO ☐

5. SCHOOL ATTENDANCE

GRADE LEVEL 2024-2025	<input type="checkbox"/>	SCHOOL:	SCHOOL ADDRESS	
GRADE LEVEL 2025-2026	<input type="checkbox"/>	SCHOOL:	Elementary <input type="checkbox"/>	Secondary <input type="checkbox"/>
Cycle: _____	Year: _____		Kindergarten <input type="checkbox"/>	

6. OFFICIAL SIGNATURE

I declare that the information submitted is accurate and I understand that this enrolment is conditional, based on acceptance by the School Board and the decision rendered by the Ministry of Education of the Province of Québec (Bill 101) regarding eligibility permit for English language education. I have or will provide the school with a copy of the Admissibility Certificate. I also agree that the school board may use this information and other documents attached to it for planning and management purposes, in accordance with the Act Respecting Access to Documents.

SIGNATURE OF RESPONDENT

DATE (Y/M/D)

7. RESERVED FOR THE SCHOOL ADMINISTRATION

I have verified all the necessary documents for enrolment (birth certificate, admissibility certificate, etc.) and I declare that the file is complete.

The admission and enrolment of this student correspond to the criteria established by the law and current rules and regulations of the Central Québec School Board.

SIGNATURE OF SCHOOL SECRETARY

DATE: Y/M/D

SIGNATURE OF SCHOOL PRINCIPAL

DATE (Y/M/D)

8. RESERVED FOR THE SCHOOL BOARD ADMINISTRATION

In conformity with the deadlines and maximum class sizes established in the Admission and Enrolment Criteria, this student is assigned to the following CQSB school:

SCHOOL

SIGNATURE OF SCHOOL BOARD OFFICIAL

DATE (Y/M/D)