



INFORMATION FORM (PARENT/GUARDIAN)

PARENT/GUARDIAN INFORMATION

PARENT 1 / GUARDIAN

Name, surname : Relationship to the child:
 Father Mother Legal Guardian
 Other (specify) _____

Address (street, city, postal code):

Knowledge of French : Yes No Main language spoken at home :
 French English Other _____

Language preference for communication with the school: French English

Phone (home): Phone (work):

Phone (cellular): Email:

PARENT 2

Name, surname : Relationship to the child:
 Father Mother Legal Guardian
 Other (specify) _____

Address (if different than above):

Knowledge of French : Yes No Main language spoken at home :
 French English Other _____

Language preference for communication with the school: French English

Phone (home): Phone (work):

Phone (cellular): Email:

SCHOOL-AGE CHILDREN (Please submit a "Student Information Form" for each child.)

NAME	SURNAME	GRADE



EMERGENCY CONTACT INFORMATION

The individuals authorized to pick up my child (children) at the school are:

Parent 1 / Guardian Parent 2 Other (if *other*, please provide details below)
Choose all that apply.

Name, surname:

Relationship to the child:

Address:

Phone (home):

Phone (work):

Phone (cellular):

Email:

Language of communication: French English

In case of emergency, please contact:

Parent 1 / Guardian Parent 2 Other (if *other*, please provide details below)
Choose all that apply.

Name, surname:

Relationship to the child:

Address:

Phone (home):

Phone (work):

Phone (cellular):

Email:

Language of communication: French English

SIGNATURE (signatory only)

I certify that all of the information provided in this form is true and complete.

Name (please print):

Signature:

Date:

We ask you to please inform the school if there are any changes to this information during the school year.