



HOMESCHOOLING APPLICATION FOR ADMISSION WQSB

DIRECTION DE L'ENSEIGNEMENT À LA MAISON (DEM)

Student Information (as recorded on student's birth certificate)			
Last Name	First Name (usual)	Middle Name	
Place of Birth (City/Town, Province & Country)		Date of Birth (YYYY/MM/DD)	Age (Sept. 30) Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> NB
Grade	Program <input type="checkbox"/> EN <input type="checkbox"/> FI	Mother Tongue	Lang. Spoken at Home
Prior to registering for this school year, student resided: <input type="checkbox"/> QC <input type="checkbox"/> Other Province _____ <input type="checkbox"/> Other Country (Specify Province)			
Student is indigenous <input type="checkbox"/> Yes <input type="checkbox"/> No			

Parent (as recorded on student's birth certificate) <input type="checkbox"/> Adult Responsible (*Documents MUST be provided if only 1 parent checked as adult responsible)			
Last Name	First Name/Middle Name		Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> NB
Date of Birth (YYYY/MM/DD)	Citizenship	Province & Country of Birth	
Addresses & Transportation			
Street Address	Apt. Number	P.O. Box	
City		Postal Code	
Phone # (at home)	Phone # at work	Cell #	
e-mail			Property Owner in Qc <input type="checkbox"/> Yes <input type="checkbox"/> No
Babysitter Address (select for transportation to/from) <input type="checkbox"/> AM ONLY <input type="checkbox"/> AM & PM <input type="checkbox"/> PM ONLY			
Street Address	Apt. Number	City	

Parent (as recorded on student's birth certificate) <input type="checkbox"/> Adult Responsible (*Documents MUST be provided if only 1 parent checked as adult responsible)			
Last Name	First Name/Middle Name		Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> NB
Date of Birth (YYYY/MM/DD)	Citizenship	Province & Country of Birth	
Addresses & Transportation			
Street Address	Apt. Number	P.O. Box	
City		Postal Code	
Phone # (at home)	Phone # at work	Cell #	
e-mail			Property Owner in Qc <input type="checkbox"/> Yes <input type="checkbox"/> No
Babysitter Address (select for transportation to/from) <input type="checkbox"/> AM ONLY <input type="checkbox"/> AM & PM <input type="checkbox"/> PM ONLY			
Street Address	Apt. Number	City	

Legal Guardian/Foster Parent			
Last Name	First Name/Middle Name		Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> NB
Date of Birth (YYYY/MM/DD)	Citizenship	Province & Country of Birth	
Addresses & Transportation			
Street Address	Apt. Number	P.O. Box	
City		Postal Code	
Phone # (at home)	Phone # at work	Cell #	
e-mail			Property Owner in Qc <input type="checkbox"/> Yes <input type="checkbox"/> No
Babysitter Address (select for transportation to/from) <input type="checkbox"/> AM ONLY <input type="checkbox"/> AM & PM <input type="checkbox"/> PM ONLY			
Street Address	Apt. Number	City	

Parent/Legal Guardian's Signature: _____ **Date:** _____

**All personal information on registration form is for office use only.

OFFICE USE ONLY			
Check 1 of the following documents: <input type="checkbox"/> QC Driver's Licence <input type="checkbox"/> QC Child Tax Benefit Statement (RRQ) <input type="checkbox"/> Municipal/School Tax Bill <input type="checkbox"/> Other (QC Gov.): _____			
OR			
Check 2 of the following documents: <input type="checkbox"/> Deed/Lease/Solemn Decl. from property owner AND <input type="checkbox"/> Hydro-Quebec / Cable / Telephone Bill <input type="checkbox"/> Other: _____			
Official Start Date	I certify that I have witnessed the original document(s) presented to me confirming Quebec residency of the parent/legal guardian of the child.		
Year Month Day	Date: _____	Verified by: _____	