Westmount High School REGISTRATION PACKAGE 2019-2020



In order for your child's registration to be COMPLETE, Westmount High must be in possession of the following documents:

	Westmount High School Information Form
	Original Long Version Birth Certificate (with parents' names)
	Proof of Residence if child is born outside of Quebec
	() Category 1 () Category 2
	Original Eligibility Certificate
	Most recent High School or Elementary report
	Last year's (June) Report Card
	Student Contract
	Original Immigration Documentation (if applicable)
	☐ Canadian Citizenship Papers if child is born outside of Canada
	□ Work Permit
	□ Study Permit
	Course Selection Sheet
	EMSB Consent to Photograph Form
	Local Field Trip Waiver
	Authorization for Release of Information
	Student Questionnaire
	Parent Questionnaire
	Emergency Health Record
	Inter-board Agreement (If applicable)
	44.50.00
Ц	cover the basic school fees.
•	Please note that a full refund of \$150.00 will be issued if the student is

not accepted by the School.

Information Form

Family Name:		Gende	er:
City:	Postal Code:	Home Tel:	
	Languages spoken		
	ol:		
Present Program:	☐ English ☐ French WHS:	☐ Immersion French	
PARENT/GUARDI.	AN INFORMATION (Please p	rint clearly)	
• ' '	gally Responsible:		
	Email Add	_	
•	t:		
	:		
	r: Cell #:		
	Email Add	_	
_	t:		
	r: Ce		
	:		
	□ Both Parents □ Parent 1		
	<i>If applicable:</i> □ Joint custody		
City:	Postal Code:	Home Tel:	apı#
	1 Ostai Code		
	Postal Code:		
If Guardian is NOT P		Home ref.	
v	Email A	Address (required):	
Guardian's Work Nun		-	
Gender:		Cen "	
	Trace of Birtin		
City:			
City	1 ostar couc.	1101110 101	
	TACT INFORMATION (Please pardian cannot be contacted at home		
		Relationship	
Contact's Name:			

Date: _____ Legal Parent/Guardian Signature: _____



APPENDIX A

Consent to Photograph, Record, Video Students and Publish, Display, Distribute or Broadcast Students' Image or Work and Assign Student Email

During the course of the school year, students at Westmount High School are occasionally videotaped, recorded and or photographed for a variety of reasons, including school awards, special recognition, yearbooks, video projects and news programming. The student's name, school and grade may accompany such photographs, videos and web pages.

Some of these photographs / video images are published, displayed, distributed or broadcast outside of the school network and in these cases the School Board is required to obtain consent.

Also, during the school year, an email address may be assigned to a student.

Please fill in the requested information and check either Yes or No below to indicate whether you wish to give or not give your consent.

Student Name:						
School:		_				
Grade:	Room:	Teacher:				
I hereby release the resulting from or co	e school and the Schoonnected with:	ool Board fror	n any	liability	or dam	ages
The photographing	recording or video of	a student:	Yes:		No: _	
The publishing, dispose of image/work:	playing, distribution or	broadcasting	Yes:		No: _	
The assignment of	an email address:		Yes:		No: _	
Signature:	: / Guardian / Adult Student	Date:				

Please return this signed with your child's registration.

To be completed by Parent/Guardian

Parents, please take the time to complete the following to get a more accurate portrait of who your child is – a portrait that a report card cannot fully represent.

Student's Name:		
Student's Name:	Family Name	Given Name
Parent/Guardian Name: _		
	Family Name	Given Name
Student's Academic History	<u>ory</u>	
Student's Previous School	s:	Grade(s) :
		Grade(s) :
		Grade(s) :
What is the last grade you	r child successfully comp	leted?
Has your child ever receive	ed any academic, sports,	improvement or behavior awards?
Please describe		
Has your child ever skippe	d a level or been accelera	ated in a subject?
Has your child ever repeate	ed a level? Indicate level	:
Has your child had remedia	al help? Please indicate s	subject(s), level(s) and frequency.
Has your child ever had an	individualized education	al plan or other resource services?
☐ Yes If yes, please	include copy of the IEP	□ No
	nim/her better? You may	u would want us to know or which include interests, hobbies, study weaknesses.

To be completed by Student

Student, please take the time to complete the following. Include school subject/sports/hobbies/interests/etc.

Student's Name:		
	Family Name	Given Name
Please list your stren	gths (areas where you are	aware that you have ability).
Please list areas when with.	re you feel you could do be	etter in or would like extra help
	r school day what are som you involve yourself with.	e of your special interests,
	nything not included abov taff understand you better.	re that you feel we should know or

LOCAL FIELD TRIPS WAIVER FORM

During the course of any given school year, students may take local field trips within walking distance of the school (e.g. the local park).

In order for your child to participate in these "walking field trips", we require a signed consent form on file.

Please complete the form below.
Thank you for your cooperation

I give permission for my child to participate in all excursions within walking distance of Westmount High School, accompanied by teacher or another responsible adult.
Student's Name:
Parent's/Guardian's Signature:
Date:



AUTHORIZATION TO RELEASE INFORMATION			
Student`s Family Name	Student`s First Name		
Student`s Date of Birth (Year/Month/Day)	Permanent Code		
Parent 1 Family Name First Name	Parent 2 Family Name First Name		
Relationship to Student:	Relationship to Student:		
I, the undersigned authorize			
Person's Name and Title			
Name of Establishment			
Address			

to send the following information

- o Psychological/psyho-educational
- o Psychiatric (full diagnostic report)
- Speech/language

City/Province/Postal Code

- o Occupational therapy
- o Academic reports (e.g. IEP, Progress notes)
- o Other:

concerning the above-mentioned child to:

Student Services Westmount High School 4350 St. Catherine Street West Westmount, Quebec, H3ZR1

Signature of Parent or Authorized Person	Date (Year/Month/Day)
With and to the Cinnetum	Data (Vasa/Manth/Dan)
Witness to the Signature	Date (Year/Month/Day)

WESTMOUNT HIGH SCHOOL STUDENT CONTRACT

Complete and return to your h	omeroom teacher before Friday, Se	ptember 13 th , 2019.
I,	e to follow the rules stipulated the	_
other), always in keeping with Conduct, reserves the right of of student misconduct. The	derstand that the principal or his derection the spirit and word of the Westmon final judgement with respect to the see sanctions may include detent so warranted in the opinion of the	unt High School Code of consequence in the event ion, suspension, and/or
interview students, conduct a belongings without prior warr to contact the police. Students	t the principal or his delegate can locker search as well as a search ming to parents/guardians. The schoos under the suspicion of using drug facted to evaluate steps to be taken. Chool.	of the student's personal ol also reserves the right s or alcohol will be sent
entire school community, re suggested changes. By signing	e elected members of the governing view and ratify the proposed Coon ing this document you are agreeing by amendments deemed necessary by	de of Conduct and any to abide by the current
the school climate is as conductive believe that every student	rs a challenging academic program ucive to learning as possible. At Went can succeed if the student, the mmon goal of student success.	estmount High School,
	Student Signature	
	Parent Signature	
	Date	-