

# Westmount High School

## REGISTRATION PACKAGE 2018-2019



**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
- Long Version Birth Certificate (with parents' names)
- Proof of Residence if child is born outside of Quebec
  - Category 1
  - Category 2
- Eligibility Certificate
- Most recent High School or Elementary report
- Last year's (June) Report Card
- 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)
- \$150.00 certified cheque, money order, interact, credit card or cash to cover the basic school fees.

# WESTMOUNT HIGH SCHOOL

## Information Form

### **STUDENT INFORMATION** ( Please print clearly )

Family Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
Given Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Main Address: \_\_\_\_\_ Apt# \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Home Tel: \_\_\_\_\_  
Mother Tongue: \_\_\_\_\_ Languages spoken at home: \_\_\_\_\_  
Medicare Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
Name of Present School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Present Program:     English     French     Immersion French  
Siblings Presently at WHS: \_\_\_\_\_

### **PARENT/GUARDIAN INFORMATION** (Please print clearly)

Name of person(s) Legally Responsible: \_\_\_\_\_  
Parent 1 Name: \_\_\_\_\_ Email Address (required): \_\_\_\_\_  
Relationship to student: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Work Number: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Parent 2 Name: \_\_\_\_\_ Email Address (required): \_\_\_\_\_  
Relationship to student: \_\_\_\_\_  
Work Number: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Student living with:**     Both Parents     Parent 1     Parent 2     Guardian  
*If applicable:*     Joint custody     Sole custody

Parent 1 Address: \_\_\_\_\_ apt# \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Home Tel: \_\_\_\_\_  
Parent 2 Address: \_\_\_\_\_ apt# \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Home Tel: \_\_\_\_\_

#### **If Guardian is NOT Parent**

Guardian's Name: \_\_\_\_\_ Email Address (required): \_\_\_\_\_  
Guardian's Work Number: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Address: \_\_\_\_\_ apt# \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Home Tel: \_\_\_\_\_

### **EMERGENCY CONTACT INFORMATION** (Please print clearly)

(In case parent or guardian cannot be contacted at home, by cell or at work)

Contact's Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Tel.# \_\_\_\_\_ Cell # \_\_\_\_\_ Work Tel.# \_\_\_\_\_

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 school and the School Board from any liability or damages resulting from or connected with:**

**The photographing, recording or video of a student:** Yes: \_\_\_\_\_ No: \_\_\_\_\_

**The publishing, displaying, distribution or broadcasting of image/work:** Yes: \_\_\_\_\_ No: \_\_\_\_\_

**The assignment of an email address:** Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Signature:** \_\_\_\_\_  
Parent / Guardian / Adult Student

**Date:** \_\_\_\_\_

Please return this signed with your child's registration.

# WESTMOUNT HIGH SCHOOL

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:** \_\_\_\_\_  
Family Name Given Name

**Parent/Guardian Name:** \_\_\_\_\_  
Family Name Given Name

## **Student's Academic History**

*Student's Previous Schools:* \_\_\_\_\_ *Grade(s) :* \_\_\_\_\_  
\_\_\_\_\_ *Grade(s) :* \_\_\_\_\_  
\_\_\_\_\_ *Grade(s) :* \_\_\_\_\_

*What is the last grade your child successfully completed?* \_\_\_\_\_

*Has your child ever received any academic, sports, improvement or behavior awards?*

Please describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Has your child ever skipped a level or been accelerated in a subject?*  
\_\_\_\_\_

*Has your child ever repeated a level? Indicate level:* \_\_\_\_\_

*Has your child had remedial help? Please indicate subject(s), level(s) and frequency.*  
\_\_\_\_\_  
\_\_\_\_\_

*Has your child ever had an individualized educational plan or other resource services?*

Yes      If yes, please include copy of the IEP       No

*Is there anything about your child's behavior that you would want us to know or which will help us to understand him/her better? You may include interests, hobbies, study patterns, health issues, social issues, strengths and weaknesses.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# WESTMOUNT HIGH SCHOOL

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 strengths (areas where you are aware that you have ability).***

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***Please list areas where you feel you could do better in or would like extra help with.***

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***Outside of the regular school day what are some of your special interests, hobbies or activities you involve yourself with.***

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***Please comment on anything not included above that you feel we should know or that would help the staff understand you better.***

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# WESTMOUNT HIGH SCHOOL

## 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

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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
City/Province/Postal Code

to send the following information

- Psychological/psycho-educational
- Psychiatric (full diagnostic report)
- Speech/language
- Occupational therapy
- Academic reports (e.g. IEP, Progress notes)
- 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)
Witness to the Signature	Date (Year/Month/Day)



# Westmount High School

A College Board Advanced Placement School

4350 Ste. Catherine Street West, Westmount, QC H3Z 1R1  
 Tel.: 514-933-2701 Fax: 514-933-2663  
 www.emsb.qc.ca/westmount



Commission scolaire English-Montréal  
 English Montreal School Board

## Course Selection (2018-2019)

## Cycle 1 / Year 1 (Secondary 1)

Family Name:

First Name:

Present School:

The following are the **Cycle 1 / Year 1 (Secondary 1)** programs offered at Westmount High School.

Please select either the **English** or the **Immersion** program.

634100 French Local Programme (*office use only*)

# of Periods	<input type="checkbox"/> English Program	<input type="checkbox"/> Immersion Program
6	634106 French, Second Language	131184 Français, immersion
4	555104 Science And Technology	055104 Science et technologie
	595103 Geography	095103 Géographie
6	587103 History and Citizenship	087103 Histoire et citoyenneté
	617141 Study Methods	617141 Méthodes d'apprentissage
2	569102 Ethics and Religious Culture	069102 Éthique et culture religieuse
3	543102 Physical Education And Health	
6	632106 English, Language Arts	
6	563126 Mathematics (Regular/Pre-AP) *	
33		

# of Periods	Arts Education:	Students will obtain only <b>ONE</b> course, but are requested to number (1, 2, 3), <b>ALL</b> courses, in order of preference.
3	<input type="checkbox"/> 669104 Music <input type="checkbox"/> 670104 Drama <input type="checkbox"/> 668104 Visual Arts	
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Signature of Student

Signature of Parent/Guardian

Date