



4698 St. John's Boulevard, Dollard-des-Ormeaux, Quebec H9H 4S5 • Tel.: (514) 696-6430 • Fax: (514) 696-3687

**PERSONAL**

Name of applicant \_\_\_\_\_  
Surname Given names - Circle name used

Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age on Sept. 30<sup>th</sup> \_\_\_\_\_  
Year - Month - Day

Place of Birth \_\_\_\_\_ Mother tongue \_\_\_\_\_ Language spoken at home \_\_\_\_\_

**SCHOOL HISTORY**

Present Grade \_\_\_\_\_ Present School \_\_\_\_\_ Permanent Code \_\_\_\_\_

Address \_\_\_\_\_ Period of Attendance \_\_\_\_\_

Has the Student ever repeated or failed a course?  Yes  No

If so, give details \_\_\_\_\_

Does the Student have any physical or learning disability?  Yes  No

If so, please explain \_\_\_\_\_

Please indicate date and grade you wish applicant to start attending Emmanuel: Date \_\_\_\_\_ for Grade \_\_\_\_\_

**FAMILY**

Father's Surname \_\_\_\_\_ First Name \_\_\_\_\_

E-mail \_\_\_\_\_ Occupation \_\_\_\_\_

Name of Employer or Firm \_\_\_\_\_ Business Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Ext. \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ First Name \_\_\_\_\_

E-mail \_\_\_\_\_ Occupation \_\_\_\_\_

Name of Employer or Firm \_\_\_\_\_ Business Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Ext. \_\_\_\_\_

Emergency Contact (other than parent) \_\_\_\_\_ Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Relationship to child \_\_\_\_\_ Business Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Ext. \_\_\_\_\_

Names and ages of brothers and/or sisters of applicant

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Civil status of Parents:  Married  Separated  Divorced  Widowed  Single

Religious Denomination \_\_\_\_\_ Church Membership \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Please return to the School Office with:**

1. \*\*Applicant's Original Birth Certificate bearing the name of the parents
2. Copy of latest and previous year's Report Cards
3. A small recent photograph of applicant
4. \$50.00 Testing Fee
5. Written statement of why you feel your son/daughter should attend Emmanuel
6. **High School Only**
  - \*\* Certificate of Eligibility to receive English Education
  - \*\* Proof of residency if born outside of Quebec
  - \*\* Proof of Canadian citizenship if born out of Canada

**\*\*The Ministry of Education requires that original documents be presented to the school. Copies will be made by the school.**