



WESTERN QUÉBEC SCHOOL BOARD HOMESCHOOLING REGISTRATION FORM YEAR 20 - 20

Student Identification:

Family Name: _____ Given Name: _____

Date of Birth: _____ Gender: Male Female:

Permanent Student Code: _____ Current Grade Level: _____

Last School Attended: _____ School Year: _____

WOSB Catchment Area School*: _____

*Please note: if you do not know your Catchment Area School, please contact Sabrina Crawford by email scrawford@wqsb.qc.ca or 819-684-1313 local 1155 or use the online tool at http://cswq.wqsb.qc.ca/SchoolsCentres_SchoolLocator.html

Parent/Guardian Identification and Information

Parent/Guardian's full name: _____

Address : Parent Guardian :

Address : _____ Apartment/Unité #: _____

City/ville: _____ Province: _____ Postal Code: _____

Daytime Telephone: _____ Email/courriel: _____

Mobile: _____

Parent/Guardian's full name: _____

Address : Parent Guardian :

Address: _____ Apartment/Unité #: _____

City/ville: _____ Province: _____ Postal Code: _____

Daytime Telephone : _____ Email/courriel: _____

Mobile: _____

Send completed form to Stewart Aitken at saitken@wqsb.qc.ca

OFFICE USE ONLY

Date received: _____

PROVINCIAL CERTIFICATE OF ELIGIBILITY

EDUCATION PLAN & TEXT

LETTER OF UNDERSTANDING