

Western Québec School Board Homeschooling Registration Form Year 20 - 20

Student Identification:

Date of Birth:	Family Name:		Gi	ven Name: _	
Last School Attended:	Date of Birth:		Gender:	Male	Female:
WOSB Catchment Area School*:	Permanent Student Co	ode:	Cu	rrent Grade l	_evel:
*Please not: 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: Postal Code: Daytime Telephone: Email/courriel: Address: Parent Guardian: Apartment/Unité #: City/ville: Province: Postal Code: Daytime Telephone: Email/courriel: Mobile: Send completed form to Stewart Aitken at saitken@wqsb.qc.ca	Last School Attended:		Sch	nool Year: _	
Parent/Guardian Identification and Information Parent/Guardian's full name: Address: Parent: Guardian: Address: Postal Code: Daytime Telephone: Email/courriel: Address: Parent: Guardian: Apartment/Unité #: City/ville: Postal Code: Daytime Telephone: Email/courriel: Address: Parent Guardian: Apartment/Unité #: City/ville: Province: Postal Code: Daytime Telephone Guardian: Address: Parent Guardian: Address: Parent Guardian: Apartment/Unité #: City/ville: Province: Postal Code: Daytime Telephone Email/courriel: Mobile: Send completed form to Stewart Aitken at saitken@wqsb.qc.ca	WOSB Catchment Are	a School*:			
Parent/Guardian Identification and Information Parent/Guardian's full name: Address: Parent: Guardian: Address:	*Please not: if you do i	not know your Catchment Area	a School, please contact Sal	orina Crawfo	rd by email <u>scrawford@wqsb.qc.ca</u>
Parent/Guardian's full name: Address: Parent: Guardian: Address:	or 819-684-1313 local	1155 or use the online tool at <u>b</u>	nttp://cswq.wqsb.qc.ca/Sch	noolsCentres_	SchoolLocator.html
Address: Parent: Guardian: Address:	Parent/Guardia	n Identification and Inf	ormation		
Address:	Parent/Guardian's full	name:			
City/ville: Province: Postal Code:	Address : Parent:	Guardian :			
Daytime Telephone: . Email/courriel: Mobile: Parent/Guardian's full name: Address: Parent Guardian: Address:	Address :			Ара	rtment/Unité #:
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	City/ville:	Province:			Postal Code:
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	Daytime Telephone:	. Er	mail/courriel:		-
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	Mobile:				
Address: Parent Guardian: Address:	•••••				
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	Parent/Guardian's full	name:			
City/ville: Province: Postal Code: Daytime Telephone : Email/courriel: Mobile: Send completed form to Stewart Aitken at saitken@wqsb.qc.ca OFFICE USE ONLY	Address : Parent	Guardian :			
Daytime Telephone : Email/courriel: Mobile: Send completed form to Stewart Aitken at saitken@wqsb.qc.ca OFFICE USE ONLY	Address:			Apa	rtment/Unité #:
Mobile: Send completed form to Stewart Aitken at saitken@wqsb.qc.ca OFFICE USE ONLY	City/ville:	Provin	ce:		Postal Code:
Send completed form to Stewart Aitken at <u>saitken@wqsb.qc.ca</u> OFFICE USE ONLY	Daytime Telephone :		Email/courriel:		-
Office Use Only	Mobile:				
	Send completed form	to Stewart Aitken at <u>saitken@w</u>	qsb.qc.ca		
Date received:			Office Use Only		
	Date received:				
Provincial Certificate of Eligibility Education Plan & Text Letter of Understanding	Provincial C	EDITIFICATE OF ELICIDIUM	EDUCATION DIAM	Trvt	Letter of Understanding