

CHILD'S PERSONAL INFORMATION

Last Name :		First Name :	
Date of birth (yyyy-mm-dd) :			
Address			
Number :	Street :	Apartement :	
Municipality :	Province :	Country :	Postal code :

PARENTS' PERSONAL INFORMATION

Last name of parent :		First name of parent :	
Address of parent			
Number :	Street :	Apartement :	
Municipality :	Province :	Country :	Postal code :
Home telephone :		Telephone (other) :	

Last name of second parent :		First name of second parent :	
Address of second parent			
Number :	Street :	Apartement :	
Municipality :	Province :	Country :	Postal code :
Telephone :		Telephone (other) :	

ACADEMIC INFORMATION

Date on which the child stopped or will stop attending an educational institution, if applicable (yyyy-mm-dd):	Permanent code, if applicable:
School board or school service centre currently responsible for the child's education:	

School board or school service centre to which this form is being sent (if different from the school board or school service centre currently responsible for the child's education):

Note : Enter the name of the school board or school service centre that has jurisdiction, if applicable. If you choose an English-language school board, your child must be eligible to attend school in English.

Signature of parent :

Date (yyyy-mm-dd) :

Signature of second parent :

Date (yyyy-mm-dd) :

Email, fax or mail this form to the Minister.

Email: dem@education.gouv.qc.ca

Fax: 514-864-8921

Mailing address: Direction de l'enseignement à la maison, Ministère de l'Éducation, 600, rue Fullum, 8e étage, local 8.30,
Montréal (Québec) H2K 4L1

To find out which school service centre or school board to send the form to, consult :
<https://www.electionsquebec.qc.ca/en/electoral-maps/english-language-school-boards>