

# Rosemount High School

## 2021-2022 Registration Package



**In order for your child's registration to be COMPLETE, Rosemount High must be in possession of the following documents:**

- Rosemount High School Information Form
- Long Version Birth Certificate (with parents' names)
- Eligibility Certificate
- Most recent High School or Elementary report
- Last year (June) Report Card
- Immigration Documentation (if applicable)
- Course Selection Sheet
- Health Record Sheet
- EMSB Consent to Photograph Form
- Inter-board Agreement (if applicable)

**HEALTH RECORD FOR SCHOOL YEAR 2021-2022**

Family Name: \_\_\_\_\_

Sex:  M  F

First Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
YEAR MONTH DAY

Homeroom: \_\_\_\_\_

Health Insurance Number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Student's permanent address:

NUMBER STREET APT.

CITY POSTAL CODE TELEPHONE (HOME)

**If custody is shared, please give both addresses and telephone numbers:**

**2<sup>nd</sup> address:**

Number Street Apt.

City Postal Code Telephone (Home)

Language spoken at home: ENGLISH  FRENCH  OTHER: \_\_\_\_\_

Father's Name: \_\_\_\_\_ / \_\_\_\_\_  
LAST NAME FIRST NAME

Telephone (work): \_\_\_\_\_ Telephone (cell): \_\_\_\_\_

Mother's Name: \_\_\_\_\_ / \_\_\_\_\_  
LAST NAME FIRST NAME

Telephone (work): \_\_\_\_\_ Telephone (cell): \_\_\_\_\_

**NAME OF THE PERSON RESPONSIBLE FOR THE CHILD IF NOT THE PARENT:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Telephone (Work): \_\_\_\_\_

**NAME OF A PERSON TO BE CONTACTED IN CASE OF EMERGENCY:**

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Telephone (Other): \_\_\_\_\_



**PLEASE TURN OVER**

**A. SEVERE ALLERGIES**     NO     YES (COMPLETE BELOW)

Food Specify: \_\_\_\_\_

Insect bites Specify: \_\_\_\_\_

Other Specify: \_\_\_\_\_

Emergency medication:     No     Yes— Specify: \_\_\_\_\_

Epipen:     Yes     No Other treatment: \_\_\_\_\_

**B. OTHER MEDICAL CONDITIONS**

Does your child suffer from medical conditions that **might require immediate assistance** at school?     NO     YES (PLEASE COMPLETE BELOW)

Vision     Hearing     Language     Diabetes     Epilepsy     Heart

Neurologic     Asthma     Digestive     Hemophilia     Physical Handicap

Other: \_\_\_\_\_

Medications:     No     Yes— Specify: \_\_\_\_\_

**Other Medical recommendations in case of emergency:**

\_\_\_\_\_

\_\_\_\_\_

**ATTENTION:** If your child suffers from a life-threatening allergy, please notify the school Principal. If there are any changes in your child's health during the year, please inform the school immediately.

Is there any reason that your child cannot take part in any physical education class?    YES     NO

If yes, a **MEDICAL CERTIFICATE** is needed for any exemption from a PHYSICAL EDUCATION course.

I agree that the CLSC school nurse receives the information contained in this health record and that he/she transmits this information to the school, which will enable the school to ensure my child's safety.

In case of emergency or sudden illness, I authorize the school personnel to provide first aid and/or ambulance transportation to my child and to ensure that he receives emergency care if it is impossible to contact his parents. In case of an emergency, transportation costs, if any, will be at the parents' expense.

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

\_\_\_\_\_  
Date



2021-2022

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 **Rosemount 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:** Rosemount High School

**Grade:** \_\_\_\_\_ **Homeroom:** \_\_\_\_\_

**Homeroom 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 of Parent/Guardian/Adult Student

\_\_\_\_\_  
Date

**Please return this form signed with your child's registration.**

**Rosemount High School**  
English Montreal School Board  
**2021-2022 Pupil Registration Form**

**STUDENT IDENTIFICATION**

PERMANENT CODE

FILE NO.

Date \_\_\_\_\_

Pupil's name: \_\_\_\_\_  
Last name First name

Sex: M  F

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of birth: \_\_\_\_\_ Medicare No.: \_\_\_\_\_  
Year Month Day

Student's Mother tongue: \_\_\_\_\_ Language spoken at home: \_\_\_\_\_

Second Language: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. No.: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Emergency phone No.: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Pupil's previous school: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Special Education:  NO  YES Grade(s): \_\_\_\_\_

Father's Name: \_\_\_\_\_  
Last Name / First Name

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Year Month Day

Father's place of birth: \_\_\_\_\_ If deceased, check here:

Father's business phone number: \_\_\_\_\_

Mother's maiden name: \_\_\_\_\_  
Last Name / First Name

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Year Month Day

Mother's place of birth: \_\_\_\_\_ If deceased, check here:

Mother's business phone number: \_\_\_\_\_

Guardian's last name: \_\_\_\_\_ First name: \_\_\_\_\_

Guardian's address: \_\_\_\_\_

**IF NOT THE SAME AS ABOVE**

Student residing with: Both parents  Mother only  Father only  Guardian

Signature of parent/guardian: \_\_\_\_\_

E-mail address of parent/guardian: \_\_\_\_\_