School of Synergy

REGISTRATION FORM

Secondary

School year: 2026-2027

T. 514-484-5084 F. 514 489-5388

CYCLE :

1st cycle: ◉ Sec 1 ○ Sec 2

2nd cycle: ○ Sec 3 ○ Sec 4 ○ Sec 5

STUDENT INFORMATION

Last name : ..... First name : .....

Date of birth : ..... Sex : ◉ Boy ○ Girl

Address : ..... City : .....

Postal code : ..... Phone : .....

Health card number : ..... Expiration (yyyy/mm) : ..... / .....

Permanent code : .....

Mother tongue of your child (tick only one box) : ◉ French ○ English ○ Other : .....

Language(s) spoken at home : : ◉ French ○ English ○ Other : .....

Place of birth of your child (city and country) : .....

What school is your child currently attending ? .....

INFORMATION PARENT OR GUARDIAN

PARENT 1

◉ Father ○ Mother ○ Guardian

Last name : .....

First name : .....

Address : ☐ Same as child

.....

City : ..... Postal code : .....

Home phone : .....

Cellular phone : .....

Work phone : .....

E-mail : .....

Occupation : .....

Country of birth : .....

PARENT 2

○ Father ○ Mother ○ Guardian

Last name : .....

First name : .....

Address : ☐ Same as child

.....

City : ..... Postal code : .....

Home phone : .....

Cellular phone : .....

Work phone : .....

E-mail : .....

Occupation : .....

Country of birth : .....

Child resides with : ◉ Parents 1 and 2 ○ Parent 1 ○ Parent 2 ○ Shared custody ○ Guardian

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PERSON(S) TO CONTACT IN CASE OF EMERGENCY (OTHER THAN THE PARENTS) :

CONTACT 1 IN CASE OF EMERGENCY

Last name : .....

First name : .....

Address : .....

.....

City : ..... Postal code : .....

Home phone : .....

Cellular phone : .....

Work phone : .....

Relationship to child : .....

CONTACT 2 IN CASE OF EMERGENCY

Last name : . .....

First name : .....

Address : .....

.....

City : ..... Postal code : .....

Home phone : .....

Cellular phone : .....

Work phone : .....

Relationship to child : .....

FURTHER INFORMATION :

Has your child ever seen a health or education specialist ?

☒ Yes ☐ No

REGISTRATION FEES :

Your registration will be only valid after receiving your 200 dollars payment (non-refundable)
The admission depends on the evaluation of your child by the school administration.
as well as the availability of the places.

Payment terms are:

1) Interact transfer to: paiment@esynergie.ca
2) In person by debit, cash or check (make your check payable to : « École de la Synergie »).

Signature : ..... **Date :** .....

◉ Father ○ Mother ○ Guardian

Please note that the information sent by the school to the Ministry of Education may be subject to verification by the Director of Civil Status.

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HEALTH INFORMATION :

GENERAL STATE OF HEALTH

What does your child suffer from ?

	Yes	No	Specify (symptoms, reactions, treatments, etc.)
Asthma	○	○	
Allergies	○	○	
Physical handicap	◉	○	
Heart troubles	○	○	
Epilepsy	○	○	
Haemophila	○	○	
Diabetes	○	○	
Vision	○	○	
Hearing	◉	○	
Langage	◉	○	
Other	◉	○	

ALLERGIES :

Does your child have allergies ?

	Yes	No	Specify (symptoms, reactions, treatments, etc.)
Aliments	◉	○	
Medications	◉	○	
Other	◉	○	

OTHER :

Are there any particular difficulties, constraints or restrictions concerning your child's health or behavior that you would like to inform us?

◉ Yes ○ No

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PERMISSIONS :

IN CASE OF AN EMERGENCY

I authorize the school staff to make the necessary arrangements for the health and safety of my child :

Yes ◉ No ○

OUTINGS AND ACTIVITIES

I consent to my child participating in recreational and educational outings.

Yes ◉ No ○

PHOTOS

I authorize the taking and posting of photos of my child as part of field trips,

school or extracurricular activities, class projects, etc.

Yes ◉ No ○

Your consents are valid for the duration of your registration at our school.

Signature : ..... **Date :** .....

◉ Father ○ Mother ○ Guardian

For any additional information, please contact the school administration.