

**DANTE SCHOOL**

6090, rue Lachenaie, Saint-Léonard, Qué. H1S 1P1 Tel.: (514) 254-5941 Fax: (514) 254-6697

**CONFIDENTIAL  
GENERAL AND HEALTH INFORMATION  
2010 - 2011**

**PLEASE COMPLETE IN BLOCK LETTERS AND RETURN TO SCHOOL**

Grade 2010 – 2011: Cycle \_\_\_\_\_ Year \_\_\_\_\_ Group: \_\_\_\_\_

FAMILY NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age as of Sept. 30<sup>th</sup>, 2010: \_\_\_\_\_  
Year Month Day

Address: \_\_\_\_\_  
Number Street Apt. Town Postal Code

HOME TELEPHONE NO.: \_\_\_\_\_ (Pager/Cell): \_\_\_\_\_

Mother’s Tel. # (Work): \_\_\_\_\_ Ext. \_\_\_\_\_ Father’s Tel. # (Work): \_\_\_\_\_ Ext. \_\_\_\_\_

School Attended in 2009 – 2010: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother Tongue: \_\_\_\_\_ Language Spoken at Home: \_\_\_\_\_

**IN CASE OF EMERGENCY** (Please give the name & telephone number of a relative or close friend):

1) Name of Person (& relation): \_\_\_\_\_ Tel.: \_\_\_\_\_

2) Name of Person (& relation): \_\_\_\_\_ Tel.: \_\_\_\_\_

Name of Person Responsible for the Child before the Law:

Father  Mother  Guardian  Other

If the child is placed by Social Services (Name of Guardian): \_\_\_\_\_ Tel.: \_\_\_\_\_

**EMERGENCY SCHOOL CLOSING INFORMATION**

Please indicate below what emergency arrangements you have made:

My child may be sent home **OR**  My child has instructions to go to a neighbour/friend/relative

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**I understand that I must inform the school immediately if any of the above information is changed:**

- I have explained these arrangements to my child.
- I authorize my telephone number to be given to designated parents for the purpose of organizing a telephone chain.

**BROTHERS AND SISTERS OF THE CHILD**

NAME	AGE	SCHOOL ATTENDING OR WORK

**MOTHER**

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

Occupation: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mother's Status:     Married     Separated     Divorced     Deceased     Widow

**FATHER**

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

Occupation: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Father's Status:     Married     Separated     Divorced     Deceased     Widow

**INFORMATION REGARDING YOUR CHILD'S HEALTH:**

**IMPORTANT: IF YOUR CHILD SUFFERS FROM ANY FORM OF ALLERGY THAT COULD BE HARMFUL TO HIS/HER HEALTH, PLEASE INFORM THE ADMINISTRATION IN WRITING**

	PLEASE CHECK		MEDICATION		COMMENTS
	YES	NO	YES	NO	
PERSISTANT HEALTH PROBLEMS					
HEARING					
VISUAL					
DIABETES					
ASTHMA					
NEUROLOGICAL PROBLEMS					
PHYSICAL HANDICAP					
ALLERGIES (SPECIFY)					
OTHER (SPECIFY)					

**SHOULD YOUR CHILD NOT BE ABLE TO PARTICIPATE IN ANY TYPE OF PHYSICAL EDUCATION PROGRAM OR EXTRA CURRICULUR ACTIVITIES, PLEASE ATTACH A MEDICAL CERTIFICATE AND GIVE THE REASON.**

**IN CASE OF EMERGENCY, I HEREBY AUTHORIZE THE SCHOOL AUTHORTIES TO TAKE THE NECESSARY MEASURES TO PROVIDE HELP FOR MY CHILD.**

MEDICATE NUMBER: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_

PARENT/TUTOR SIGNATURE: \_\_\_\_\_ MOTHER  FATHER  GUARDIAN