

# Rosemount High School

## 2022-2023 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)

**Rosemount High School**  
English Montreal School Board  
**2022-2023 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: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last Name / First Name Year Month Day

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

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

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



2022-2023

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.**



\_\_\_\_\_

**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



**Rosemount High School**  
**Registration & Course Selection 2022-2023**  
**Cycle 1/ Year 1 (Secondary 1)**

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

ID: \_\_\_\_\_

Elem. School: \_\_\_\_\_

Classification: \_\_\_\_\_

Please select the program you require:

**Regular Core Program**

English Language Arts 632106  
French (FLS) 634106  
Mathematics 563126  
Science & Technology 555104  
Geography 595103  
History & Citizenship 587103  
Physical Education 543102  
ERC 569102

**French Immersion Program**

English Language Arts 632106  
Français, Enrichi Program 635106  
Mathématiques 063126  
Sciences et technologie 055104  
Géographie 095103  
Histoire 087103  
Physical Education 543102  
ERC 569102

Please select your Fine Arts option. Indicate your choice in order of preference (1, 2). Students must follow their Fine Arts option for the duration of Cycle One (Secondary 1 & 2).

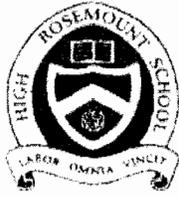
Art 668104

Music Concentration 669104

Mathematics 563122

**\*Students that select Art also receive Mathematics Local Program 563122**

This form must be returned to your Homeroom Teacher no later than Thursday, February 17, 2022. No course selection form will be accepted without both the parent/guardian and the student signatures.



## Registration & Course Selection

### Rosemount High School

### Student Registration and Course Selection: 2022-2023

#### Rosemount High School Code of Conduct:

- All students are expected to arrive on time and attend all scheduled classes daily.
- All students must work to the best of their abilities and cooperate with their teachers.
- Students are expected to be respectful towards each other, the staff, and any other adult.
- There will be zero tolerance for any student who makes it difficult for a teacher to teach or student to learn.

#### Special Education and Programming:

- Has your son/daughter received Special Education Services at any level in Elementary School?

Yes  Levels \_\_\_\_\_ No

- Will your son/daughter require Special Education Services at the High School Level?

Yes  No

**We have read the Rosemount High School course selection sheet and conduct. We understand the contents and shall adhere to its implications.**

\_\_\_\_\_  
Parent or legal guardian's signature

\_\_\_\_\_  
Student's signature

Date: \_\_\_\_\_

Parent/Guardian's e-mail: \_\_\_\_\_

**No registration shall be accepted without the parent (or legal guardian) and student's signatures.**

**\*\*\*There will be NO course changes with the exception of students transferring from Regular to Immersion programs.\*\*\***