École secondaire John F. Kennedy High School

REGISTRATION PACKAGE 2026-2027

In order for your child's registration to be considered, John F Kennedy must be in possession of the following documents:

Please Submit the following documents:	**Born in QUEBEC**	**Born outside Quebec**	**International Students**	
Student Information Form				
Long Form Birth certificate with both parents' names (2 copies)				
English eligibility certificate (2 copies)				
Student Report card from previous school year				
Student's most recent report card				
Emergency Health Records Form				
Authorization to Release Information Form				
Portrait of a Student Form				
EMSB consent to photograph form				
Student Expectations Form				
Student Course Selection Form				
Inter-board agreement *(if applicable)*				
IEP *(if applicable)*				
Immigration Papers* *(2 copies)*	[redacted]			
Proof of residency 1** *(2 copies)*				
Proof of residency 2** *(2 copies)*				
Do you have diplomatic status?			Yes	No
Protocol (if holds diplomatic status)				

John F Kennedy High School Student Information Form

Student Information (please print clearly)

Family Name: _____ Given Name: _____

Gender: _____ Birth Date (Day / Month / Year): _____ / _____ / _____

Street Address: _____ City: _____ Postal Code: _____

Mother Tongue: _____ Languages spoken at home: _____

Medicare number and expiry date: _____ Exp. _____ / _____

Name of Present School: _____ Grade: _____

Present program (circle 1): ◉ English Core ○ Bilingual ○ Immersion French ○ Other: _____

Siblings presently at John F Kennedy High School: _____

Parent(s)/Guardian(s) Information (please print clearly)

Name of person(s) legally responsible: _____

Student is living with (circle one): ○ Both parents ○ Parent 1 ○ Parent 2 ○ Guardian

Parent 1

Name: _____ Relationship to student: _____

Place of Birth: _____ Date of Birth: _____

Email (required): _____ Cell number: _____

Main number (required): _____ Work number: _____

Street Address: _____ City: _____ Postal Code: _____

Parent 2

Name: _____ Relationship to student: _____

Place of Birth: _____ Date of Birth: _____

Email (required): _____ Cell number: _____

Main number (required): _____ Work number: _____

Street Address: _____ City: _____ Postal Code: _____

Guardian Name:

Name: _____ Relationship to student: _____

Place of Birth: _____ Date of Birth: _____

Email (required): _____ Cell number: _____

Main number (required): _____ Work number: _____

Street Address: _____ City: _____ Postal Code: _____

Emergency Contact Information:

Full contact name: _____

Relationship to student: _____

Home number: _____ Cell number: _____ Work number: _____

Email: _____

Legal Parent/Guardian Name: _____

Legal Parent/Guardian Signature: _____

Date: _____ / _____ / _____

Commission scolaire
English-Montréal

English Montreal
School Board

AUTHORIZATION TO RELEASE INFORMATION

Student`s Family Name	**Student`s First Name**
Student`s Date of Birth (Year/Month/Day)	**Permanent Code**
Parent 1 Family Name **First Name** **Relationship to Student:**	**Parent 2 Family Name** **First Name** **Relationship to Student:**

I, the undersigned authorize

Person`s Name and Title (School Administrator):
Name of Present School:
Address
City/Province/Postal Code

to send the following information

- ☑ *Psychological/psycho-educational*
- ☑ *Psychiatric (full diagnostic report)*
- ☑ *Speech/language*
- ☑ *Occupational therapy*
- ☑ *Academic reports (e.g. IEP, Progress notes)*
- ☑ *Other:*_____

concerning the above-mentioned child to:

Student Services
John F Kennedy High School
3030 rue Villeray, Montreal, Qc
H2A 1E7

Signature of Parent or Authorized Person	**Date (Year/Month/Day)**
Witness to the Signature	**Date (Year/Month/Day)**

École secondaire John F. Kennedy High School

COURSE SELECTION/INFORMATION
2026-2027

Student's Name: _____

Student is applying to Grade (circle 1): ◯ **7** ◯ **8** ◯ **9** ◉ **10** ◯ **11**

Is your child writing any other school's entrance examinations? ◯ Yes OR ◉ No
If yes, which school(s)? _____

Is your child presently on a waiting list at another school? ◯ Yes OR ◉ No
If yes, which school(s)? _____

All students in grades 7 and 8 will take the following courses	
Grade 7	Grade 8
Culture and Citizenship in Quebec English Language Arts French Second Language History & Geography Literacy Mathematics Multimedia Physical Education Science & Technology Visual Arts	Culture and Citizenship in Quebec English Language Arts French Second Language History & Geography Mathematics Multimedia Physical Education Science Visual Arts

For new students entering Grade 9, 10 or 11, please choose below:
(subject to minimum grade requirements on previous year's report card)

FRENCH level (circle 1): ◯ Second Language OR ◉ Enriched

For new students entering Grade 10 or 11, please choose below:
(subject to prerequisites & minimum grade requirements on previous year's report card)

Mathematics Option (circle 1): ◯ Cultural, Social and Technical OR ◉ Scientific

Parent Full Name: _____

Parent's Signature: _____ Date: _____

Emergency Health Records
2026-2027

JOHN F KENNEDY HIGH SCHOOL

General information

Name (student) : _____ School grade : _____

First name : _____ Class room number : _____

Address : _____ Language spoken at home : _____

Postal code: _____ Date of birth : ____ / ____ / ____ (Year / Month / Day)

Gender : F ☐ M ☐ Other: ▣_____

Health insurance No : |_|_|_|_|_|_|_|_|_|_|_|_| Expiry date : ____ / ____ (Year / Month)

Access to private group health insurance ☐ Access to public group health insurance ☐

Please fill out (in case of emergency contact):

PARENT 1	PARENT 2
Last Name : _____ First name: _____ Relationship to Student: _____ ☎ home : _____ ☎ work : _____ ☎ other : _____	Last Name : _____ First name: _____ Relationship to Student: _____ ☎ home : _____ ☎ work : _____ ☎ other : _____
OTHER	**GUARDIAN**
Last Name : _____ First name: _____ Relationship to Student: _____ ☎ home : _____ ☎ work : _____ ☎ other : _____	Last Name : _____ First name: _____ _____ ☎ home : _____ ☎ work : _____ ☎ other : _____

In order to insure the security of your child, the school must be informed of health problems that **might require immediate intervention** at school (severe allergy to food or insect bites, diabetes…).
Does your child suffer from such a health problem? Yes ☐ If yes, complete the back of the sheet
No ☐

Please **inform the school of any change** that might occur during the present school year.

N.B.: The information contained in this sheet will only be transmitted to the school nurse and to the school staff who may be required to assist your child in case of emergency.

_____ Date: ____ / ____ / ____
Signature of parent/guardian (Year / Month / Day)

Emergency Health Records
2026-2027

JOHN F KENNEDY HIGH SCHOOL

Additional information

(Fill only if your child has health problems that might require immediate intervention at school)

Has your child's state of health changed since last year: **Yes ☐** **No ☐**

Does your child suffer from:

SEVERE ALLERGY : To ➢ Food : Yes ☐ No ☐
➢ Insect bites: Yes ☐ No ☐
➢ Other: Yes ☐ No ☐
or ASTHMA : Yes ☐ No ☐

If so, specify : _____

Emergency medication : Yes ☐ EpiPen or Twinject or Allerject : Yes ☐ No ☐
No ☐ Other : _____

DIABETES: Yes ☐ No ☐

Emergency medication : Yes ☐ Specify : _____
No ☐

☐ Emergency care plan: _____
Other information in case of emergency_____

OTHERS : Does your child suffer from any other problems that **may require immediate assistance** at school **?** Yes ☐ No ☐

If so, specify : _____

Medical recommendation in case of emergency : Yes ☐ No ☐
Specify : _____

I authorize the CSSS to keep this information on file, in a confidential manner and I authorize the CSSS nurse to transmit the information contained in this document to the school staff who may have to intervene in case of emergency.

_____ Date : ____ / ____ / ____
Signature of parent/guardian Year Month Day

Changes in the state of health (during the school year):
_____
_____
_____
_____
_____
_____

JOHN F KENNEDY HIGH SCHOOL

To be completed by Parent/Guardian

Parents, please take the time to complete the following to get a more accurate portrait of who your child is; a portrait that a report card cannot fully represent.

Student's Name: _____
Family Name Given Name

Parent/Guardian Name: _____
Family Name Given Name

Student's Academic History

Student's Previous Schools: _____ *Grade(s) :*_____
_____ *Grade(s) :*_____
_____ *Grade(s) :*_____

What is the last grade your child successfully completed? _____

Has your child ever received any academic, sports, improvement or behavior awards?

Please describe _____
_____
_____

Has your child ever skipped a level or been accelerated in a subject?
_____

Has your child ever repeated a level? Indicate level: _____

Has your child had remedial help? Please indicate subject(s), level(s) and frequency.
_____
_____

Has your child ever had an individualized educational plan or other resource services?

☐ Yes If yes, please include copy of the IEP ☐ No

Is there anything about your child's behavior that you would want us to know or which will help us to understand your child better? You may include interests, hobbies, study patterns, health issues, social issues, strengths and weaknesses.
_____
_____
_____
_____
_____
_____

École secondaire John F. Kennedy High School
3030 rue Villeray Est, Montréal, Québec H2A 1E7
Tel: (514) 374-1449 / Fax: (514) 374-2224
http://www.emsb.qc.ca/jfk

Student Expectations: 2026-2027

- All students shall adhere to the school dress code.
- 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.

We have informed ourselves of the John F Kennedy High School expectations. 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 is accepted without the parent (or legal guardian) signature **and** student signature.

Commission scolaire
English-Montréal
English Montreal
School Board

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 John F Kennedy 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: _____

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:** ○

Signature: _____ **Date:** _____

Parent / Guardian / Adult Student

Please return this signed with your child's registration.