



ÉCOLE SECONDAIRE SAINT-MARTIN
 4055 BOUL. SAINT-MARTIN OUEST, LAVAL, QUÉBEC, H7T 1B7
 Boîte vocale : (450) 681-9111

Inscription Form 2019-2020

ANNAPOLIS(9 to 11 years old)
Fees \$85.00

SIoux (12 to 18 years old)

Cheque
Cash
Flash

[Please fill out this form in printing characters]

Information of the CADET

Last Name : _____ First Name : _____
 Address : _____
 City : _____ Postal Code : _____ Nationality : _____
 Phone – Home : _____ E-mail : _____
 Phone – Cellular : _____ Facebook : _____
 Date of birth : ____/____/____ Age : ____ years old Gender : Male Female
YEAR MONTH DAY
 # Medical Card : _____ Expiration : _____
 Food allergy or intolerance : _____
 Dietary restrictions : _____
 Medication : _____
 For Laval residents → **MANDATORY Avantages Laval card #** : _____

Information from Parents / Guardians

Mother / Guardian

Last Name : _____ First Name : _____
 Address [if different from cadet] : _____
 City : _____ Postal Code : _____
 Phone – Home : _____ E-mail : _____
 Phone – Cellular : _____ Employment : _____

Father / Guardian

Last Name : _____ First Name : _____
 Address [if different from cadet] : _____
 City : _____ Postal Code : _____
 Phone – Home : _____ E-mail : _____
 Phone – Cellular : _____ Employment : _____

Emergency information [other than the numbers mentioned above]
This section is required if we are unable to reach the parents

Last Name : _____ First Name : _____
 Phone – Home : _____ E-mail : _____
 Phone – Cellular : _____ Relationship : _____

Validation of information

2nd year : ____/____/____ YEAR MONTH DAY Initials _____ 3rd year : ____/____/____ YEAR MONTH DAY Initials _____



<https://www.ccmrc-sioux11.com>



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