



**Québec Board of Black Educators Inc.**  
**Le Conseil des Édicateurs Noirs du Québec Inc.**

Office Location/ Adresse du Bureau:  
3333 Cavendish Blvd., Suite 310, Montreal, P.Q. H4B 2M5  
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**DACOSTA HALL SUMMER SCHOOL 2017**

Registration Form

Please complete form in BLOCK LETTERS

Name of Student: \_\_\_\_\_ Sex: \_\_\_\_\_  
Family Name First Name

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Medicare#: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_  
Street No. Street Apt.#

\_\_\_\_\_  
City Province Postal Code

Permanent code: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Person to contact \_\_\_\_\_ Phone number: \_\_\_\_\_  
In case of Emergency

Present-School: \_\_\_\_\_ Grade: \_\_\_\_\_ School Board: \_\_\_\_\_

School Code: \_\_\_\_\_

Fee Amount: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Subject	Credit	MEQ code	Secondary	Room	Time	Teacher

Registered by: \_\_\_\_\_

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