



APPENDIX 1B
REQUEST FOR EVALUATION
COURSE EVALUATION

Send to: homeschool@rsb.qc.ca

PERSONAL IDENTIFICATION	
Date of the request:	
Child's name and surname:	
Child's QPC: (Québec Permanent Code)	
Child's date of birth:(YYYY/MM/DD)	
Grade level of instruction:	
Parent's name and surname:	
Address:	
E-mail address:	
Telephone number (home/cell):	

Please indicate the evaluations required in connection to your child's learning project.

COURSE	GRADE	MID-YEAR	FINAL
		<input type="checkbox"/>	<input type="checkbox"/>
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ADDITIONAL INFORMATION

RESERVED FOR THE SCHOOL BOARD
Comments on location and organization of evaluation(s):