



## FEDERAL SCHOOLS STUDENT REGISTRATION FORM

All children who become Four (4) years old ON or BEFORE DECEMBER 31 are eligible to be enrolled in Junior Kindergarten

All children who become Five (5) years old ON or BEFORE DECEMBER 31 are eligible to be enrolled in Senior Kindergarten

**NEW REGISTRANTS ONLY:** A photocopy of your child's Status Card, Birth Certificate and Immunization Record and Proof of Residency are required upon registration. Student registration will not be considered complete until immunizations are reviewed by Six Nations Public Health.

A. Student Information / Personal Information									
Legal Last Name (Surname)			First Name			Middle Name			
D.O.B. (MM/DD/YYYY)	Age	Grade	Gender (M/F)	Teacher's Name	Band Name	10 Digit Band Number			
Residence Address <i>*Please include Blue Number, Street/Rd, Box #*</i>				Town/City		Province <b>ON</b>	Postal Code		
Mailing Address, <i>if different from residence address</i>				Town/City		Province <b>ON</b>	Postal Code		
Home Phone Number(s):				E-mail Address(es):					
<input type="checkbox"/> Please check box to receive school information by email									
B. Family Information									
<b>Mother:</b>			Place of Work			Work #		Cell #	
First Name:	Surname:								
<b>Father:</b>			Place of Work			Work #		Cell #	
First Name:	Surname:								
<b>Guardian(s) Name(s):</b>			Place of Work			Work #		Cell #	
First Name:	Surname:								
1.	1.	1.	1.	1.	1.	1.	1.	1.	
2.	2.	2.	2.	2.	2.	2.	2.	2.	
<b>Please list Siblings:</b>									
1.	_____			D.O.B.	_____		Grade: _____		
2.	_____			D.O.B.	_____		Grade: _____		
3.	_____			D.O.B.	_____		Grade: _____		
C. Custody Information (Only applicable for families with Legal Custody Order)									
<b>Who has Legal Custody of Student:</b>									
<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian(s) <input type="checkbox"/> Children's Aid Society (CAS): _____									
Relationship to Student, (if different from Part B): _____									
Name(s): _____									
Address: _____									
Who does the child live with?: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian(s) _____									
*****LEGAL CUSTODY DOCUMENTS MUST BE ON FILE IN STUDENT'S OSR*****									
D. Student Medical Information									
<b>Family Doctor:</b>					<b>Phone:</b>				
List medically confirmed prevalent medical conditions: Anaphylaxis, Asthma, Diabetes, Epilepsy, Other) _____						Wears glasses <input type="checkbox"/> Yes <input type="checkbox"/> No			
_____						<b>Life Threatening Condition</b>			
_____						<input type="checkbox"/> Yes <input type="checkbox"/> No			
Medication or treatments required (puffer, Epi-Pen, prescription medication, insulin, etc.) _____									
Do any of these medications need to be administered at school? <input type="checkbox"/> Yes <input type="checkbox"/> No									
Please check all applicable boxes that may apply:									
<input type="checkbox"/> <b>Anaphylaxis</b> (must complete Six Nations Schools' Anaphylaxis Management Plan and submit to Principal)									
<input type="checkbox"/> <b>Asthma</b> (must complete Six Nations Schools' Asthma Management Plan and submit to Principal)									
<input type="checkbox"/> <b>Diabetes</b> (must complete Federal Schools Prevalent Medical Condition – Diabetes Plan of Care and submit to Principal)									
<input type="checkbox"/> <b>Epilepsy</b> (must complete Federal Schools Prevalent Medical Condition – Epilepsy Plan of Care and submit to Principal)									
I give permission for information noted in this section to be used for emergency purposes and I authorize school staff to act on behalf of the well-being of my child in emergencies, when I am not available.									
Signature of Parent/Guardian _____						Date _____			
E. Education Information									
School Previously Attended (if transferring in): _____									
Address: _____				City/Town/First Nation: _____					
Province: _____			Postal Code: _____			Phone #s: _____			
Last Grade Completed: _____									

**F. Specialized Program / Services**

Please check all applicable boxes that may apply:

- Individual Education Plan (IEP)
- Special Education Program
- Behaviour Management Plan
- Not Applicable

**G. For Kindergarten ONLY**

Please check one:  Mohawk Language  Cayuga Language

**H. Emergency Contact(s)**

I have obtained the consent of the person(s) below to have their name and telephone number used for emergency purposes. The names and telephone numbers of parent(s)/guardian(s) or emergency contact(s) may be given to volunteer(s) or other school personnel in the event of early school closure. Please ensure there are no outstanding custody issues respecting the persons you are providing as emergency contact(s) for your child.

1. Name _____	Contact Phone#: _____
2. Name _____	Contact Phone#: _____
3. Name _____	Contact Phone#: _____

**I. School Closure**

In the case of school closure, please complete the section below.

Please note that your child will **NOT** be sent on the regular bus drop-off, if we are unable to contact you or an alternate. For the safety and security of students, Parent(s) or Alternate **MUST** reply to messages or texts to confirm school closure message has been received. All contact #s must be kept current with the school. Utilization of "Texting" is at the discretion of the school administration and may not be an option at your child's school.

**CHOOSE ONLY ONE OPTION: IN CASE OF EARLY SCHOOL CLOSURE, I REQUEST THAT MY CHILD:**

- be kept at school and he/she will be picked up. Call or Text will be responded to upon receipt.
- be sent on the regular bus drop-off once call or text has been responded to. If no response, child will be kept at school until a response has been received from parent/alternate to pick up student.
- be allowed to walk home once call or text from parent confirms child can walk home.
- Special Instructions: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Alternate Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**J. Publication of your Child's Picture(s)**

From time to time school projects or events are displayed in local newspaper, school newsletter, on school premises, or other public places such as, websites and/or blogs.

- I agree to the publication of my child's picture
- I do not agree to the publication of my child's picture

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**K. Use of Student Personal Information**

Personal information contained in this form and any other correspondence relating to involvement in school programs is collected to be used for student registration, placement, programming, reporting and transition planning, as well as for any other consistent purpose. Information will be shared with the respective Student Transportation company for the purpose of student transportation, education staff, as required to carry out their duties. In addition, information may be used for health, safety or discipline and is required to be disclosed in compelling circumstances. Questions regarding this form should be directed to the Principal of the school.

The Ontario Student Record (OSR) is the ongoing, confidential record of a student's education progress through school in Ontario and is filed at the student's school. If a student transfers to another school jurisdiction in Ontario, his or her OSR folder and all its contents are usually transferred to the new school. All students and parent(s)/guardian(s) of students under 18 years of age have the right of access to the student's OSR.

**SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Parent  Guardian  Other: \_\_\_\_\_

**L. Grade 7 and 8 Students ONLY – Consent to Share Information to High Schools**

I allow school staff to share information regarding my child to high schools (i.e. GEDSB high schools, STEAM Academy, Assumption, etc.) and to the Special Education Team for the purpose of planning and programming, secondary course selections and school choices.

**SIGNATURE OF PARENT/ GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Office Use Only**

Registration Date:		Admission Date:		Grade:	
<input type="checkbox"/> In District			<input type="checkbox"/> Out of District		
Bus Rider Route#:	Bus Co.:	Driver:	Walker:		
Immunization Information <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, please explain: _____			

**Other Notes:**

**Six Nations Federal Schools are partners with the Six Nations High Risk Committee and refer all "Threat and Risk" situations accordingly.**