



Oliver M. Smith - Kawenní:io Elementary School

FORM NO: SN -01-Reg-OMSK

SCHOOL YEAR: 2024-2025

R.R. #1 Ohsweken Ontario N0A 1M0

Telephone: (519) 445-0078

Fax: (519) 445-4816

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.

Form sections: A. Student Information / Personal Information, B. Family Information, C. Custody Information (Only applicable for families with Legal Custody Order), D. Student Medical Information. Includes fields for name, address, phone, and medical conditions.

E. Education Information

School Previously Attended (if transferring in): _____
Address: _____ City/Town/First Nation: _____
Province: _____ Postal Code: _____ Phone #: _____
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#: _____	(<input type="checkbox"/> Home / <input type="checkbox"/> Cell)
2. Name _____	Contact Phone#: _____	(<input type="checkbox"/> Home / <input type="checkbox"/> Cell)
3. Name _____	Contact Phone#: _____	(<input type="checkbox"/> Home / <input type="checkbox"/> Cell)

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.
- 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

K. 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		If no, please explain: _____			
		Yes		No	

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