



GAAGAGEKIIZHIK
SCHOOL



BiMOSE
COMMUNITY HIGH SCHOOL

Boozhoo:

Please complete the following forms for your 2020/2021 School Year Student Registration:

1. 2020/2021 Student Registration Form – complete in full and sign in appropriate section.
2. REA Form – please complete only the highlighted sections for all pages and sign in the appropriate sections.

The completed forms can be scanned and emailed to: kiizhik@bimose.ca or sent by fax to: (807) 548-5917. The student registration forms will be then reviewed and you will be contacted by phone or email by the information you have completed.

Miigwech



Gaagagekiizhik GaKinoow'amaadiwigamig GaKinoow'amaawasowin

1450 Valley Drive, Kenora, ON P9N 3Y4
Phone: (807) 548-4912 Fax: (807) 548-5917 Email: kiizhik@bimose.ca



STUDENT REGISTRATION

OFFICE USE ONLY:

School Year:	2020-2021	Bus Services Needed:	<input type="checkbox"/> Yes	Grade	
OEN:			<input type="checkbox"/> No	:	

STUDENT INFORMATION

First Name:	Middle:	Last Name:		
Preferred Name:	DOB: (MM/DD/YYYY)	GENDER: M / F	Status #:	
Traditional Name:	Clan:	First Nation Community:		
Address:		City:	Province:	Postal Code:

PARENT/GUARDIAN #1 INFORMATION

Name: (Last Name, First Name)	Home Phone Number:	Cell:	Work:	
Address:		City:	Province:	Postal Code:
Email Address (required):		Live with Student: Yes / No		

PARENT/GUARDIAN #2 INFORMATION

Name:	Home Phone Number:	Cell:	Work:	
Address:		City:	Province:	Postal Code:
Email Address (required):		Live with Student: Yes / No		

EDUCATIONAL INFORMATION

Last School Attended:		Last Grade Attended:
School Address:		City/Town:
Province:	Postal Code:	First Entry into Elementary School: (YYYY/MM/DD):
Last Date Attended:	Transfer Reason:	Student has an IEP: Yes / No / Unknown
Has your child received any Educational Supports and/or Special Education Assistance? Yes / No / Unsure	If Yes, Please explain:	

EMERGENCY CONTACT INFORMATION (Other than Parent/Guardian)

Name (Last / First):		Gender: Male / Female
		Relationship to Student:
Home Phone:	Business Phone:	Cell Phone:

CULTURAL INFORMATION

Will student be willing to participate in daily Smudging: Yes / No	Will student be willing to participate in daily Flag Song: Yes / No
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Explain any Cultural or Ceremonial Activities student has participated in:

In order to access important funding for your child's education, some information may be shared with Indigenous and Northern Affairs Canada (INAC) such as Name, Status Card Number, Community and Address.

MEDICAL INFORMATION

Family Physician:	Family Dentist	Health Card Number:
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Does your child have any allergies? If so, please describe treatment and if an Epi-Pen is required.

Does your child have any medical concerns that Gaagagekiizhik Staff should be aware of?

List people who are authorized to pick up student from school:

Name (First/Last)	Relationship to Student	Contact Phone #
1)		
2)		
3)		

Would you be interested in participating in Gaagagekiizhik School Parent Council activities? **Yes / No**

_____ Date

_____ Parent/Guardian Signature

Reciprocal Education Approach Written Notice for Eligible Students to Attend an Eligible First Nation School

This form may be used by entities and parents, guardians or students to provide notice to a school board as required under section 185 of the *Education Act* to initiate the process for a student to attend a First Nation school under the Reciprocal Education Approach.

Fields marked with an asterisk (*) are mandatory for entities and parents, guardians or students

1. Notice of the Entity

Information about the Entity

This notice is being initiated by *

- A band
 A council of a band
 An education authority that is authorized by a band or council of a band
 The Crown in right of Canada
 An education authority that is authorized by the Crown in Right of Canada

Legal Name of Entity *
Kiizhik Education Corporation

Contact Person's Details

Last Name * Bird	First Name * Charlene
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Title *
Finance Officer

Address

Unit Number	Street Number * 598	Street Name * Lakeview Drive	PO Box
City/Town * Kenora		Province * Ontario	Postal Code * P9N 3P7
Telephone Number * 807-468-5551 ext. 244		Fax Number 807-468-3908	Email Address cbird@bimose.ca

Information about the Student

Last Name *	First Name *
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Date of Birth (yyyy/mm/dd) *	Provincial OEN # (if available)
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Name of First Nation school student intends to attend * Gaagekiizhik School	Intended admission date (yyyy/mm/dd) *
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Student's credit count or most recent grade completed

Address of school student intends to attend

Unit Number	Street Number * 1450	Street Name * Valley Drive	PO Box
City/Town * Kenora		Province * Ontario	Postal Code * P9N 3Y4

Does the student have an IEP (Individual Education Plan)? *

- Yes No

Special Education Supports Needed *

- Behaviour
 Intellectual
 Communication
 Physical
 Multiple
 Other
 Not Applicable

Is this student receiving special education programs and/or service? *

- Yes No

- The entity providing this notice requests that the school board transfer the student's attendance record to the school the student intends to attend.
 The entity providing this notice requests that the school board transfer the student's Ontario Student Record (OSR) to the school the student intends to attend.

The OSR is a permanent record for each student who enrolls in school in Ontario and accompanies the student if the student moves to another school in the province. Transfer of the OSR is important in order for the receiving school to track the student's educational progress and other relevant documentation required for the successful educational progress of the student. The OSR may also contain important educational accommodation, modification and/or health and custody-related information conducive to the student's learning.

Additional Notes

2. Signature

Name of Official of Entity *

Amy Comegan

Date (yyyy/mm/dd) *

Signature of Official (I have authority to bind the above entity) *

3. Notice of the Parent, Guardian or Student

Student's Last Name *

Student's First Name *

This notice is being initiated by *

- Parent of the student ¹
 Guardian of the student
 The student if they are at least 18 years of age
 The student, if 16 or 17 years of age and has withdrawn from parental control

Name of parent, guardian or student ² *

Address of student

Unit Number

Street Number *

Street Name *

PO Box

City/Town *

Province *

Postal Code *

Address of parent or guardian

- Same as address of student

Unit Number

Street Number *

Street Name *

PO Box

City/Town *

Province *

Postal Code *

Phone number of parent, guardian or student *

Email address of parent, guardian or student

Name of First Nation school student intends to attend *
Gaagagekiizhik School

Intended admission date (yyyy/mm/dd) *

I hereby consent to the release of the above-named student's attendance records to the above-named school.

I hereby consent to the release of the above-named student's Ontario Student Record to the above-named school.

4. Consent and Notice of Collection of Personal Information

By signing below, you are providing consent to the _____
Insert the name of school board *

for the indirect collection of personal information from

Kiizhik Education Corporation

Insert the name of the: band; council of a band; education authority that is authorized by a band or council of a band; education authority that is authorized by the Crown in Right of Canada; or the Crown in Right of Canada *

The school board collects the information in this form directly from you and will indirectly collect the personal information identified in the Written Notice for Eligible Students Attending a School of a School Board form or the Written Notice for Eligible Students Attending an Eligible School form, as the case may be, from the entity named above. This includes:

- Student's name, date of birth, and Ontario Education Number
- Student's address and contact information
- Parent or guardian's name, address, and contact information
- Student's intended admission date and school
- Student's eligibility for the Reciprocal Education Approach (i.e. under sections 185 and 188 of the *Education Act*)
- Student's credit count or grade
- Student's special education supports needed, if applicable, including exceptionalities and Individual Education Plan
- Student's attendance records and Ontario Student Record

This personal information is being collected in accordance with subsection 28(2) of the *Municipal Freedom of Information and Protection of Privacy Act* and pursuant to sections 185 and 188 of the *Education Act*.

The school board will use this personal information for the purposes of administering the Reciprocal Education Approach, including:

- Determining eligibility to attend a First Nation school or school of a school board under sections 185 or 188 of the *Education Act*, as the case may be.
- Providing funding to an entity that operates a First Nation school.
- Determining the fees that would be charged to an entity that provides written notice in respect of a First Nation student attending a school of the school board.
- Processing payments to be paid to an entity operating a First Nation school or for payments to be charged to an entity that provides written notice in respect of a First Nation student attending a school of the school board.

The school board may also disclose this personal information to the Ministry of Education, as required under paragraph 27.1 of subsection 8(1) or subsection 8.1(5) of the *Education Act*.

To be completed by the school board:

Officer or Employee of the school board who can answer the individual's questions about the collection

Title

Business address

Unit Number

Street Number

Street Name

PO Box

City/Town		Province	Postal Code
Business Telephone Number	Fax Number	Email Address	

5. Signature

I have read and understood all parts of this written notice, including the Consent and Notice of Collection of Personal Information section, above, and my signature attests to my consent to the indirect collection, use and disclosure of my or my child's personal information and that the information in this notice is complete and true. If indicated above, I also consent to the release of the above-named student's attendance records and/or Ontario Student Record to the above-named school.

Signature of Parent/Guardian/Student ³ *

Date (yyyy/mm/dd) *

Signature of Student ³ *

Date (yyyy/mm/dd) *

¹ Guardian means a person defined in section 18 of the Education Act. This is either a legal guardian (other than a parent), or anyone who has received into their care or residence, a person of compulsory school age.

² The student may provide written notice if they are 16 or 17 and have withdrawn from parental control or are 18 years of age or older.

³ If the student is 16 or 17 years of age, the consent of both the parent/guardian and the student is required for the school board's indirect collection of personal information. If the student is 16 or 17 years of age and has withdrawn from parental control, or if the student is 18 years of age or older, the consent of the student is required for the school board's indirect collection of the student's personal information.