



**Gaagagekiizhik Gakinoo'amaadiwigamig
Gakinoo'amaawasowin
(Gaagagekiizhik School)**

1450 Valley Drive, Kenora, ON P9N 3Y4

Phone: (807) 548-4912 Fax: (807) 548-5917 Email: wmcpherson@bimose.ca

Principal: Wendy McPherson

October Happenings

Fall Harvest Oct 8th and 9th



Tanning Hide activity October 16th



Fall Feast at Gaagagekiizhik School on October 17th



Shiibaashka'igan Honoring the Sacred Jingle Dress Exhibit October 18th



Walk for Chanie Wenjack, October 23rd



Halloween at Gaagagekiizhik



Boozhoo, Aniin,

At Gaagagekiizhik we welcome the month of *Gashkadino Giizis – Freezing Moon Month*. Please remember to dress your child(ren) warmly as they do go outside for recess and lunch breaks.

Here are a few important dates to remember.

- 👉 **November 1th** – PJ Day
- 👉 **November 11th** – **NO SCHOOL** – School closed in recognition of Remembrance Day
- 👉 **November 12th** – Full Moon Ceremony 4:30pm-6:30pm
- 👉 **November 13th** – Progress Reports will be sent home.
- 👉 **November 22th** – PD Day – **NO SCHOOL**
- 👉 **November 29th** – School Niimi’idiwin (Powwow) at Gaagagekiizhik School Gym

Please note the following:

- 👉 **Photo Release and Pick Up Authorization** - If you have, not please take the time to fill them out and have your child(ren) return to the school.
- 👉 **Safe Arrival** - If your child does not show up by 9:30am, we will be calling home to make sure they are safe. Please call the office if they are sick, late or going to be away for the day.
- 👉 **Change of Clothing** – With the change of the season, we welcome and encourage parents/guardians to send a change of clothing with your child(ren).

If you have any questions or concerns, you are always welcome to phone or pop by the office.

Miigwech,

Wendy McPherson
Principal

Dear parents/Guardians,

In an effort to provide the best safety for your child(ren), please fill out the **PICK-UP AUTHORIZATION FORM** and return this form to the school with your child(ren).

PICK-UP AUTHORIZATION FORM

Child's Name: _____

List who is authorized to pick up your child(ren) from school:

Name (First/Last)	Relationship to student	Contact Phone #
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1) _____

2) _____

3) _____

I understand this form gives permission to the above-named individual to pick-up my child. If this changes I will notify the office in writing. I understand that if I need someone other than the above-named individual to pick-up my child, I will communicate this with Gaagagekiizhik School office.

Parent Signature: _____ Date: _____

Phone numbers (including cell #) where parent can be reached: _____

Would you be interested in participating in Gaagagekiizhik Parent Council Activities? Yes/No
If yes, please include your email: _____



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Kiizhik
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CORPORATION

Photo Release Form

I hereby authorize Bimose Tribal Council Inc. and Kiizhik Education Corporation to publish photographs taken of me and/or with my name, for use in the Bimose Tribal Council's and Kiizhik Education Corporation's printed publications and website/official social media page(s).

I release Bimose Tribal Council Inc. and Kiizhik Education Corporation from any expectation of confidentiality in regard to the photo and/or with my name and that I have authorized Bimose Tribal Council Inc. and Kiizhik Education Corporation to use the photographs for Bimose Tribal Council's and Kiizhik Education Corporation's publications to the public and the website/official social media page(s).

I acknowledge that since participation in publications and website produced by Bimose Tribal Council Inc. and Kiizhik Education Corporation confers no rights of ownership whatsoever. I release the Bimose Tribal Council Inc. and Kiizhik Education Corporation, its contractors and its employees from liability for any claims by me or any third party in connection with my participation.

Print Name: _____

Signature: _____ Date: _____

Street Address: _____

City, Province, Postal Code: _____