



Moose Factory Island District School Area Board
STUDENT REGISTRATION & INFORMATION FORM

Confidential – Please Print

New Student Registration

Returning Student Information

For School Use: Entry Date: _____ Grade: _____ O.E.N. _____

STUDENT INFORMATION

Full Legal Name: _____
Last Name First Name Middle Name(s)

Preferred Name: _____
Last Name First Name Middle Name(s)

Gender: Female Male Date of Birth: _____
Year Month Day

Other students in the household attending this school: (list name and relationship to student being registered)

Language(s) spoken at home: _____

For School Use: Proof of Birth: Birth Certificate Other: _____
Status Card (if applicable): _____

Immunization Record provided: Yes No

Name of last school most recently attended: _____ City: _____

Has the student ever been registered at Moose Factory Ministik School: Yes No

Special Education: Has the student ever been formally identified through an IPRC for special education support? Yes No

Self-identification: First Nation Metis Inuit

STUDENT HEALTH INFORMATION

Medical Conditions (include information on assistive equipment and/or medication, if required)

Does the student have an Extreme Allergy? Yes No Does the student require an Epipen? Yes No

*If Yes to one or both, please complete the **EXTREME ALLERGY MANAGEMENT AND PREVENTION PLAN FORM**

STUDENT HOME ADDRESS INFORMATION

P.O. Box # _____ Apt. # _____ House # _____ Street: _____

City: _____ Province: _____ Postal Code: _____

Home Phone Number: _____ (this information will be kept confidential once completed)

TRANSPORTATION ADDRESS INFORMATION

If student will **NOT** be picked-up/dropped-off at home, please enter the caregiver's information for pick-up/drop-off:

Pick-up Address: _____ Drop-off Address: _____

Name: _____ Phone #: _____ Name: _____ Phone #: _____



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PARENT/GUARDIAN INFORMATION

*Legal Documentation is to be provided if **No Access** is selected for a parent/guardian listed. Emergency contact number is used to show whom to call in the case of emergency and/or school closure. Email addresses provided may be used for contact purposes.*

<u>Parent/Guardian</u>		Last Name: _____		First Name: _____	
Relationship:		Legal Guardian <input type="checkbox"/>	Access to Student <input type="checkbox"/>		Lives with Student <input type="checkbox"/>
Mother <input type="checkbox"/>	Step Parent <input type="checkbox"/>	No Access <input type="checkbox"/>		Custody <input type="checkbox"/>	
Father <input type="checkbox"/>	Foster Parent <input type="checkbox"/>	Legal Doc. Received <input type="checkbox"/> Yes <input type="checkbox"/> No			
Other <input type="checkbox"/>	_____ (please describe)				
			Emergency Contact # _____ (i.e. 1 st , 2 nd , 3 rd to be called in an emergency)		
Home Phone # _____			Cell Phone # _____		
Work Phone # _____			Place of Employment _____		
Email Address: _____			(this information will be kept confidential once completed)		
P.O. Box # _____	Apt. # _____	House # _____	Street: _____		
City: _____		Province: _____	Postal Code: _____		

<u>Parent/Guardian</u>		Last Name: _____		First Name: _____	
Relationship:		Legal Guardian <input type="checkbox"/>	Access to Student <input type="checkbox"/>		Lives with Student <input type="checkbox"/>
Mother <input type="checkbox"/>	Step Parent <input type="checkbox"/>	No Access <input type="checkbox"/>		Custody <input type="checkbox"/>	
Father <input type="checkbox"/>	Foster Parent <input type="checkbox"/>	Legal Doc. Received <input type="checkbox"/> Yes <input type="checkbox"/> No			
Other <input type="checkbox"/>	_____ (please describe)				
			Emergency Contact # _____ (i.e. 1 st , 2 nd , 3 rd to be called in an emergency)		
Home Phone # _____			Cell Phone # _____		
Work Phone # _____			Place of Employment _____		
Email Address: _____			(this information will be kept confidential once completed)		
P.O. Box # _____	Apt. # _____	House # _____	Street: _____		
City: _____		Province: _____	Postal Code: _____		

EMERGENCY CONTACT INFORMATION

1. Last Name: _____		First Name: _____	
Relationship to Student: _____		Email Address: _____	
Home Phone # _____	Work Phone # _____	Place of Work: _____	
2. Last Name: _____		First Name: _____	
Relationship to Student: _____		Email Address: _____	
Home Phone # _____	Work Phone # _____	Place of Work: _____	

RELEASE FOR PUBLICATION OF STUDENT NAME, PHOTO AND SCHOOL-RELATED WORK

I hereby give Moose Factory Island District School Area Board permission to: *(circle "Yes" to grant permission or "No" to withhold permission)*

- Publish my image (photographs) taken of me with or without other students in media, Board pamphlets, MFIDSAB website and other similar promotional materials;
- Display my school-related work or comments on the MFIDSAB website and other similar promotional materials;
- Share my school-related work only with Board employees for educational purposes.

This permission remains in effect until the Parent/Guardian or adult Student (18 years and over) advises the school otherwise in writing.

YES NO

_____ **OR** _____

Student Signature (if over 18 years) Parent/Guardian Signature Date



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WALKING PERMISSION

During the school year, teachers will be taking walking and bus trips to various points of interest on the Island. Your permission is requested for your child to participate in these activities. (e.g. collecting plants for science class, visit post office, etc) Parents will be notified, in advance, by the classroom teacher when these activities will be scheduled.

I grant permission for _____ to participate in local walking and bus trips from the school.
Name of Student

Name of Parent/Guardian Signature of Parent/Guardian Date

ACKNOWLEDGEMENT – Please Read and Sign

Student personal information is collected during registration and while attending school pursuant to the Education Act and its regulations and within guidelines set out in the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) and the Personal Health Information Protection Act (PHIPA). It will be used for planning and programming, school to home communications, and to establish the Ontario Student Record which contains information conducive to the improvement of instruction. Limited information may be disclosed beyond the board for purpose such as yearbooks and accident information to the board’s insurer. As students progress from elementary school to secondary school, important information is shared which eases a student’s transition to secondary school. Sharing it also improves our ability to program effectively to the benefit of all students. Select student information will be shared at different times as required. This is authorized under the Education Act. Please note that all information used for the transition process is limited, secure and protected at all times.

Although opportunities will be provided to update this information annually, parents/guardians are expected to advise the school of changes in address, custody, medical conditions, etc. as they occur.

Questions about the information collected on this form should be directed to the principal of the school.

Acknowledgement: I certify that the information given on this form is true and correct. I have read and understand that it is my responsibility to keep the school advised of any change in the above information as soon as possible. I also give my consent to forward any or all of this information to school board officials.

Name of Parent/Guardian signing (please print) Signature of Parent/Guardian Date

Name of School Staff Member signing (please print) Signature of School Staff Member Date



“Supporting the Achievement of our Students, a Positive and Respectful Learning & Working Environment, and the Engagement of our Parents & our Community”