



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

We ask families to voluntarily self-identify, without a need for proof of ancestry, in order to enhance education programs.

**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**

Proof of address (i.e., utility bill, lease agreement) verified by:

P.O. Box # \_\_\_\_\_ Apt. # \_\_\_\_\_ House # \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ (This information will be kept confidential once completed.)



**Moose Factory Ministik School ~ MFIDSAB**  
**STUDENT REGISTRATION & INFORMATION FORM – page 2** *(Please print.)*

**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.*

**NOTE: COMPLETION OF EMERGENCY CONTACT INFORMATION MUST BE INCLUDED, AND THE INFORMATION MUST BE DIFFERENT FROM PARENT INFORMATION.**

Parent/Guardian Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship: Legal Guardian  **Access to Student**  Lives with Student   
 Mother  Step Parent  **No Access**  Custody   
 Father  Foster Parent  Legal Doc. Received  Yes  No  
 Other  \_\_\_\_\_ (please describe) Emergency Contact # \_\_\_\_\_ (i.e., 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> 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: \_\_\_\_\_

Parent/Guardian Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship: Legal Guardian  **Access to Student**  Lives with Student   
 Mother  Step Parent  **No Access**  Custody   
 Father  Foster Parent  Legal Doc. Received  Yes  No  
 Other  \_\_\_\_\_ (please describe) Emergency Contact # \_\_\_\_\_ (i.e., 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> 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 advises the school otherwise in writing.**

**YES                      NO**

\_\_\_\_\_ Parent/Guardian Signature

\_\_\_\_\_ Date



**Moose Factory Ministik School ~ MFIDSAB**  
**STUDENT REGISTRATION & INFORMATION FORM – page 3 (Please print.)**

**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 a student progresses 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”*



**Moose Factory Ministik School—MFIDSAB**

**STUDENT REGISTRATION & INFORMATION FORM—page 4 (Please print.)**

*Moose Factory Ministik School*

P.O. Box 160. Moose Factory, Ontario P0L 1W0

(705) 658-4535

**NEW PUPIL REGISTRATION**

**SURNAME:** \_\_\_\_\_ **OTHER NAMES:** \_\_\_\_\_

**D.O.B.:** \_\_\_\_\_ **BAND NUMBER:** \_\_\_\_\_

**No. Older Brothers:** \_\_\_\_\_ **No. Older Sisters:** \_\_\_\_\_

**No. Younger Brothers:** \_\_\_\_\_ **No. Younger Sisters:** \_\_\_\_\_

**Health Number:** \_\_\_\_\_

**PARENT'S / GUARDIAN'S NAME:** \_\_\_\_\_

**RESIDENCE:**      **ON RESERVE**                      **OFF RESERVE**      (Circle one.)

**Last School Attended:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**School Phone Number:** \_\_\_\_\_ **School Fax Number:** \_\_\_\_\_

**O.S.R. REQUEST SENT:** **Date:** \_\_\_\_\_ **By:** \_\_\_\_\_

**Signature of School Official:**

\_\_\_\_\_