



## Eenchokay Birchstick School Registration Form- Elementary

Information on this form will be used for home/school communications, planning and programming such as transportation and to establish the Ontario Student Record.

### Student information

Legal Name- Family Name and Middle Name

Preferred Name- Last Name, First Name

Date of Birth: (yyyy/mm/dd)	Siblings at this school: <input type="radio"/> Yes <input type="radio"/> No Name: _____ Name: _____ Name: _____	
Gender OM OF OX		Grade

# Street City/Town: Pikangikum

P.O. Box Postal Code: P0V 2L0 Home Phone #

Medical Alert Information:

Disability/Allergies:

Status Card Number: First Language Spoken at Home:

Busing Required: ☐ Yes ☐ No Bus Route:

### Parent Guardian Information #1

Legal Name- Family Name and Middle Name

Relationship to Student: Gender OM OF OX ☐ Mr. ☐ Mrs. ☐ Ms ☐ Miss ☐ Other

Emergency Contact Priority: ☐ 1 ☐ 2 ☐ 3 School Closure Contact Priority: ☐ 1 ☐ 2 ☐ 3

Guardian: ☐ Custody: ☐ Lives with Student: ☐ Special Custody: ☐ Receives mail: ☐

Home Phone # Cell Phone # Email Address:

Address (if different from student) #/Street:

P.O. Box City/Town: Pikangikum Postal Code: P0V 2L0

### Parent Guardian Information #2

Legal Name- Family Name and Middle Name

Relationship to Student: Gender OM OF OX Salutation:

Emergency Contact Priority: ☐ 1 ☐ 2 ☐ 3 School Closure Contact Priority: ☐ 1 ☐ 2 ☐ 3

Guardian: ☐ Custody: ☐ Lives with Student: ☐ Special Custody: ☐

Home Phone # Cell Phone # Email Address:

Address (if different from student) #/Street:

P.O. Box City/Town: Pikangikum Postal Code: P0V 2L0

### Emergency Contact Information (Other than Parent)

Name- Last Name, First Name: Gender OM OF OX

Relationship to Student: Emergency Contact Priority: ☐ 1 ☐ 2 ☐ 3

Home Phone # School Closure Contact Priority: ☐ 1 ☐ 2 ☐ 3

Cell Phone # Email Address:

### School Records

☐ Transcript ☐ Most Recent Report Card ☐ OSSLT ☐ Community Involvement Hours \_\_\_ Completed ☐ Yes ☐ No

### Birth Verification

☐ Birth Certificate ☐ Certificate of Indian Affairs/Status Card ☐ Health Card

### ESL/ELD and Special Education

ESL/ELL Code \_\_\_\_\_ Special Education: Alternative Program ☐ Yes

Level ISA Claim (Circle Level): 1 2 3 4 Student has IEP: ☐ Yes

### Canada's Anti-Spam Legislation (CASL) Important Information to Parents/ Guardians:

The school requires your consent to receive any electronic messages which contain advertising or promotions such as school fundraisers, field trips, sale of yearbooks, purchasing student photos, books, dances etc. where a financial transaction is required. Do you give consent to receive electronic messages of this nature? ☐ Yes ☐ No

**Note: You will continue to receive emails about all other school matters.**

Media Consent

The Pikangikum Education Authority (the PEA) values our students' safety and privacy. We also understand the importance of documenting our students' educational experience and promoting school events. One way to share this information is through the sharing or publishing of photographs, video recordings or interviews with our students. There are many other reasons why the PEA and its employees may collect images or videos of the students. The purpose of this policy is to establish guidelines within which student images and videos may be collected and used. The PEA has outlined a number of circumstances where images and videos may be collected and used for an authorized purpose. For the purpose of this policy "authorized use" means:

- Promotion of the PEA, the school, and specific programs or groups related to the PEA
- Year books
- Individual school photos and class pictures
- Internal purposes such as to post in the hallways as displays
- Educational and administrative purposes
- School identification cards
- Newsletters
- Security cameras to monitor safety of students and school property
- As required by law

I consent to the use of my student's image as described above: ☐ Yes ☐ No

In the event of a withdrawal of consent, the Pikangikum Education Authority will make reasonable efforts to remove images or videos containing the student from its social media channels, publications etc.; however, the PEA may not be able to remove all images or videos from the Internet or public realm.

### Educational Background

Previous School Attended:

Address #/Street:

City:	Province:	Country:	Postal Code:
-------	-----------	----------	--------------

Previous Board Attended:

Departure Date:	Last Grade Attended:
-----------------	----------------------

Home School (if attending on a transfer):

Transfer Reason:	First Entry into Elementary School (yyyy/mm/dd)
------------------	---

Has your child previously received Special Education Assistance? ☐ Yes ☐ No ☐ Unsure

Student Identification Through IPRC <input type="radio"/> Yes <input type="radio"/> No	Student has an IEP <input type="radio"/> Yes <input type="radio"/> No
--	---

Has your child ever been expelled from another school? <input type="radio"/> Yes <input type="radio"/> No	If yes, was the student re-admitted? <input type="radio"/> Yes <input type="radio"/> No
--	--

Is this student currently under suspension from any school? <input type="radio"/> Yes <input type="radio"/> No	If Yes, Name of School:
---	-------------------------

Student has diagnosed disorders: <input type="radio"/> Yes <input type="radio"/> No Please provide documentation for any known diagnoses.	If yes, diagnoses:
--	--------------------

### Notice to Parents/Guardians

Personal information is collected at registration under the authority of the Education Act and will be used for planning and programming, home and school communication and to establish the Ontario Student Record.

I hereby certify that the information contained on this form is accurate

Signed (Parent/Guardian)	(Print Parent/Guardian Name)	Date
--------------------------	------------------------------	------

Sign Off—This form is to be completed and attached to the Registration Form.

Documentation Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

Registration Entered By: \_\_\_\_\_ Date: \_\_\_\_\_

Entry Date(yyyy/mm/dd) : \_\_\_\_\_ Entry Code (PowerSchool): \_\_\_\_\_

Pikangikum Education Authority  
Pikangikum, Ontario  
POV2L0

Student Health Information

Student's Name: \_\_\_\_\_

Date of Birth (yyyy/mm/dd): \_\_\_\_\_

Band Number: \_\_\_\_\_

The student has been seen at the Pikangikum Nursing Station in preparation for admission to school. A brief physical examination of the eyes, ears, nose, throat, chest, abdomen and muscular skeletal system was done.

Immunizations up to date: ☐ Yes ☐ No

Immunizations given to date:

\_\_\_\_\_  
\_\_\_\_\_

Date of last immunization (yyyy/mm/dd) \_\_\_\_\_

List all health issues or needs your child has as well as any known diagnosed conditions (allergies, asthma, vision or auditory issues, heart conditions, chronic conditions etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Attending Nurse/Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Office Use

Date Received (yyyy/mm/dd): \_\_\_\_\_