



Entry Date: \_\_\_\_\_  
Day / Month / Year

**STUDENT APPLICATION FOR REGISTRATION & CONSENTS**

**SCHOOL:** \_\_\_\_\_ **STUDENT #:** \_\_\_\_\_  
**GRADE:** \_\_\_\_\_ **ROOM:** \_\_\_\_\_ **PROGRAM CODE:** \_\_\_\_\_ **MET #:** \_\_\_\_\_  
**RESIDENT:**  YES  NO **CATCHMENT:**  YES  NO **MOVE - EFFECTIVE DATE:** \_\_\_\_\_

**STUDENT INFORMATION**

Legal Names: Last Name \_\_\_\_\_ Treaty Number: \_\_\_\_\_  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Name Known By: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Sex: Female  Male  Country of Birth: Canada  or \_\_\_\_\_  
(day/month/year)  
Preferred gender (choose one if applicable): Trans Person  Two-Spirit  Gender non-conforming   
Languages spoken at home: Ojibwe: Yes  No  English: Yes  No  Other Languages: \_\_\_\_\_  
Current or Last School Attended: \_\_\_\_\_  
City/Town/Prov: \_\_\_\_\_

**STUDENT ADDRESS**

Apt. No./Street No. (Highway Marker)/Street / Community \_\_\_\_\_  
Postal Code \_\_\_\_\_ Home Phone \_\_\_\_\_  Unlisted Student Lives on Own: Yes  No

**PARENT/LEGAL GUARDIAN AND CONTACT INFORMATION**

**Parent, Legal Guardian or Alternate Contact**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Relationship to Student \_\_\_\_\_ Student Lives with Yes  No  / Student Also Lives with Yes  No   
Enter address and home phone *if different from student*  
Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_  
Home Phone \_\_\_\_\_  Unlisted Work Phone \_\_\_\_\_ ext \_\_\_\_\_ Cell \_\_\_\_\_  
Email \_\_\_\_\_ Employer \_\_\_\_\_

**Parent, Legal Guardian or Alternate Contact**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Relationship to Student \_\_\_\_\_ Student Lives with Yes  No  / Student Also Lives with Yes  No   
Enter address and home phone *if different from student*  
Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_  
Home Phone \_\_\_\_\_  Unlisted Work Phone \_\_\_\_\_ ext \_\_\_\_\_ Cell \_\_\_\_\_  
Email \_\_\_\_\_ Employer \_\_\_\_\_

**Parent, Legal Guardian or Alternate Contact**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Relationship to Student \_\_\_\_\_ Student Lives with Yes  No  / Student Also Lives with Yes  No   
Enter address and home phone *if different from student*  
Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_  
Home Phone \_\_\_\_\_  Unlisted Work Phone \_\_\_\_\_ ext \_\_\_\_\_ Cell \_\_\_\_\_  
Email \_\_\_\_\_ Employer \_\_\_\_\_

**LEGAL CUSTODY** *Please provide documentation as necessary*

Joint\*  Mother  Father  Guardian  Agency  Other

\*Joint Custody is when those parents have a legal custody agreement in place for the student

**SIBLINGS** Pre-School/School Age

Name	Birthdate	Sex	School
_____	_____	Female <input type="checkbox"/> Male <input type="checkbox"/>	_____
_____	_____	Female <input type="checkbox"/> Male <input type="checkbox"/>	_____
_____	_____	Female <input type="checkbox"/> Male <input type="checkbox"/>	_____

(day/month/year)

**ADDITIONAL CONTACT INFORMATION****Emergency Contact** (if parent/guardian cannot be reached)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Relationship to Student \_\_\_\_\_ Student Lives with Yes  No   
 Home Phone \_\_\_\_\_  Unlisted Work Phone \_\_\_\_\_ ext. \_\_\_\_\_ Cell \_\_\_\_\_

**Day Care**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Postal Code \_\_\_\_\_

**Medical Information**

MB (9 digit) Personal Health ID No: \_\_\_\_\_ MB (6 Digit) Health Number \_\_\_\_\_

Health Concerns/Allergies: \_\_\_\_\_

**Additional Health Concerns** Please indicate (✓) all health care needs that apply to your child:

- Anaphylaxis: Life-threatening allergy (child is prescribed an EpiPen) A letter and additional form will be provided
  - Asthma: (administration of medication by inhalation) A letter and additional form will be provided.
  - Bleeding Disorder
  - Cardiac Condition
  - Clean Intermittent Catheterization
  - Diabetes: Type 1 or Type 2
  - Gastrostomy Feeding Care
  - Osteogenesis Imperfecta (brittle bone disease)
  - Ostomy Care
  - Pre-set Oxygen
  - Seizure Disorder
  - Steroid Dependent Condition
  - Suctioning (oral and/or nasal)
- My child does not have any of the above listed health care concerns.

If you have checked any of the above health care needs, the information may be shared with the Sagkeeng Health Centre for purposes of developing a care/emergency plan while the student is at school or participating in school activities.

**Application for the Use of the Online Information Resources in the Education Authority**

**To the Student:** I understand and abide by the Sagkeeng Education's Policies, and applicable legislation for the responsible use of technology (Education Authority/personal devices) and social media applications including use of the Sagkeeng Education/ Sagkeeng First Nation networks. *To student 16 years and older please initial \_\_\_\_\_*

**To the Parent:** As the parent/guardian of the student, I understand that access is designed for educational purposes as set out by Sagkeeng Education policies and applicable legislation. I hereby give permission to my child to have access to all technologies and Education Authority approved social media within the Sagkeeng Education Authority.

- I consent to allowing my child to have access to all technologies and social media
- I do not consent to allowing my child to have access to all technologies and social media

**SIGNATURE OF PARENT/GUARDIAN OR ADULT STUDENT:**

\_\_\_\_\_ **DATE:** \_\_\_\_\_  
(day/month/year)

## Informed Consent-Students

**Attention Parents/Guardians/Adult Students:** Please complete and return this form to the school as soon as possible. This information will be kept on file for reference throughout the school year.

Student Name: \_\_\_\_\_

School: \_\_\_\_\_

### 1. Publish or Display Student Work

Our school would like to share information and communicate with parents/guardians by highlighting the school, students and student work or activities in a variety of publications and/or Education Authority organized or sponsored event. The following are examples only and not meant to be an inclusive list of how student information and work may be published or shown:

- students and their displays during school sponsored open houses, professional development sessions;
- students in other school related activities held at the school, Education Authority sites or at school or Education Authority sponsored events;
- Education Authority publications, or school publications, which are posted to the school or Sagkeeng Education Authority controlled website;
- or posting or publishing on the school or Sagkeeng Education Authority controlled social media platforms.

**Please note: Video and photographs of students posted to the school or Sagkeeng Education Authority controlled websites and Sagkeeng Education Authority controlled social media platforms may identify students by name.**

*Please indicate your choice below:*

- I GIVE CONSENT** to the Sagkeeng Education Authority to publish or show my child's, or my (as an adult student) photographs, name, grade, school and samples of my or my child's work in various publications, at a Sagkeeng Education Authority organized or sponsored events, and/or on Sagkeeng Education Authority websites and social media platforms. I understand that photographs of students posted to the school or Sagkeeng Education Authority controlled websites and social media platforms may identify students by name.
- I DO NOT GIVE CONSENT** to the Sagkeeng Education Authority to publish or show my child's, or my (as an adult student) photographs, name, grade, school and samples of my or my child's work in various publications and/or **Education Authority organized or sponsored events.**

### 2. Media

Many positive things take place in our schools and we would like to share this good news with the broader community by inviting journalists and other members of the media to visit our schools. Photographs, videotaping or interviews are allowed at schools only with **the permission of the principal or vice-principal.**

*Please indicate your choice below:*

- I CONSENT** to my son/daughter (or myself as an adult student) being photographed, videotaped/recorded or interviewed by the media.
- I DO NOT CONSENT** to my son/daughter (or myself as an adult student) being photographed, videotaped/recorded or interviewed by the media.

### 3. Emails

**The electronic distribution of newsletters, school updates and announcements regarding division and school activities, including fundraising and promotions.**

- I CONSENT** to receive information in the form of newsletters, school updates and announcements regarding division and school activities, including fundraising and promotions.
- I DO NOT CONSENT** to receive information in the form of newsletters, school updates and announcements regarding division and school activities, including fundraising and promotions.

Parent/Guardian or Adult name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

*(day/month/year)*

Signature of Parent/Guardian or Adult Student: \_\_\_\_\_

Please note: Should circumstances change during the school year, you may change your consent at any time by contacting the school principal in writing.

# Sagkeeng Education Authority

## LIVE STREAMING STUDENT PERMISSION FORM

In Sagkeeng Education Authority schools, Live Streaming refers to the broadcasting of live lessons in real time where students are present in the classroom as well as students learning from home.

Through this model teachers will be providing live streaming experiences both in real time or through a recording, which may be posted on the learning platform for other students to view.

Due to the special nature of live streaming activities, parents/guardians must consent to their child being photographed, videotaped, or recorded as part of the classroom learning activities. During live streaming lessons the webcam in your home should be positioned in such a way that it only captures your child's image when they are participating in the live streaming lesson.

**I give my child permission**, during this school year, to participate in live streaming activities on platforms such as Seesaw, Google Suite/Meets, and Microsoft Office 365/Teams to address curricular outcomes. In addition, I give permission for my child's voice and image to be transmitted and viewed for the purpose of learning activities in the classroom and home environment.

**I do not give my child permission**, during this school year, to participate in live streaming activities .

Student Name \_\_\_\_\_

(please print clearly)

Parent or Guardian \_\_\_\_\_

(please print clearly)

Parent or Guardian  
Signature \_\_\_\_\_

Date \_\_\_\_\_