



NBISIING SECONDARY SCHOOL

469B COUCHIE MEMORIAL DRIVE

NORTH BAY, ONTARIO P1B 8G5

REGISTRATION FORM

STUDENT INFORMATION			
Surname:		Given Name(s):	
Male <input type="checkbox"/>	Street Address:		Unit #:
Female <input type="checkbox"/>	City:	Province:	Postal Code:
Birthdate: YYYY/MM/DD	Contact#: <small>Attendance calls will be sent to this number.</small>	Email: <small>Used to notify of school events, such as, parent teacher nights.</small>	
Band Name:		Registry#: (10Digits)	
Mother/Guardian:		Father/Guardian:	
Contact#:		Contact#:	
Emergency Contact:		Contact#:	Relationship to Student:
CUSTODY & ACCESS			
Custody Agreement: Yes <input type="checkbox"/> No <input type="checkbox"/> No Contact Agreement: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please attach a copy.			
EDUCATION			
Previous School Attended:		City & Prov.:	
I.E.P.: Yes <input type="checkbox"/> No <input type="checkbox"/>	Transcript Attached: Yes <input type="checkbox"/> No <input type="checkbox"/>	Grade Level:	
First Nation Funded: Yes <input type="checkbox"/> No <input type="checkbox"/>		Sponsorship Letter Attached: Yes <input type="checkbox"/> No <input type="checkbox"/>	
MEDICAL INFORMATION			
Province of Birth:		Ontario Health Card #:	
Family Physician:		Contact #:	
Chronic Illnesses: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please indicate which one: _____ Please note that Chronic Illnesses may include but are not limited to the following: • Diabetes • Anxiety • Asthma		Do they suffer from any of the following conditions? Please check all that apply. Migraines <input type="checkbox"/> Fainting Spells <input type="checkbox"/> Urinary Infections <input type="checkbox"/> Ear Infections <input type="checkbox"/> Skin Conditions <input type="checkbox"/> Digestion Issues <input type="checkbox"/> Other(s) :	
Is a special diet required for medical reasons? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Is the student on medication? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please indicate which ones below: Administered by: Student <input type="checkbox"/> Staff <input type="checkbox"/>			
Does the student suffer from allergies? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, complete the following. Allergen(s) : _____			
History of Past Treatment Required: Check all that apply.		Management of Reaction:	
No Treatment Required <input type="checkbox"/>		Student can recognize & treat reaction <input type="checkbox"/>	
Non-prescription <input type="checkbox"/>		Student requires assistance <input type="checkbox"/>	
Prescription <input type="checkbox"/>		Emergency medical services required <input type="checkbox"/>	
Family Physician <input type="checkbox"/>		Precautions:	
Emergency Services <input type="checkbox"/>		Avoidance <input type="checkbox"/>	
EPI-Pen <input type="checkbox"/>		Medication <input type="checkbox"/>	
ANA-Kit <input type="checkbox"/>		Emergency Measures <input type="checkbox"/>	



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INTERNET AGREEMENT

I have read and understand the terms of the 'Internet Agreement', by signing below I agree to abide by these terms and be subject to any consequences if I break any of these terms.

Student Signature

Parent Signature

PHOTOGRAPH RELEASE

I hereby acknowledge that my child's photograph(s) may be used to create the Nipissing Secondary School Yearbook, to update the School Facebook page, to update the official school website, and to update the community in the Nipissing First Nation Newsletter.

Student Signature

Parent Signature

TRANSPORTATION

School Bus: ☐ City Transit ☐ Own Transportation: ☐

Please complete the following if you require a school bus.

Bus Stop : _____

I/We read the Student Code of Conduct for Busing Transportation, and I/We will abide by the rules.

Student Signature

Parent Signature

NFN CONSENT TO RELEASE INFORMATION - NFN BAND MEMBERS ONLY

I/We _____, of the address listed above, hereby consent to the
Print Full Name of Parent/Guardian
release and exchange of relevant information concerning _____ between
PRINT STUDENT NAME
the Nipissing First Nation Education Department and Nipissing Secondary School.

Parent Signature

Date

Information received will be used to support the NFN Education Department with administrative responsibilities (School Boards & AANDC), to determine eligibility for financial supports and incentives based on report card data, and to enable the NFN Education Department to work in partnership with schools for the benefit of our students. This shall be good and sufficient authority for doing so.

FOR OFFICE USE ONLY

INITIALS

INITIALS

Proof of Residency

Proof of Immunization

Document: _____

Yes ☐ No ☐

Date rec'd: _____

Rec'd by: _____