



Student Registration Information

To be completed every school year by all students accessing any Services provided by the Education department.
 This form is not related to the Bussing Registration Form.

A. STUDENTS INFORMATION			
First Name:	Middle Name:	Last Name:	
Gender Identification:	Date of Birth:	Band Registry No.	Band Name:
Home Address:			
City:	Prov:	Postal Code:	Phone number:
Mother/Guardians Name:	Cell or Work #	Email Address:	
Father/Guardians Name:	Cell or Work #	Email Address:	
B. ENROLLED SCHOOL:			
Name of School:	Grade as of September	Ontario Education Number	
Sacred Heart			
AB Ellis			
Espanola High School			
The student has an IEP No Yes			
Student requires transportation No Yes If yes, please fill Transportation forms			
Please Note: Student transportation is only provided for students living on reserve and attending the schools listed above.			
C. ACCESS ALERT			
If access restrictions are in effect, please specify details (Name, relation to child and reason): 			

Please get in touch with our office if your information changes throughout the school year.

Whitefish River First Nation

17A Rainbow Ridge Road, PO Box 188, Birch Island, ON POP 1A0
 Tel (705) 285-4335 Fax (705) 285-4532 www.whitefishriver.ca



Informed Consent and Release of Information

Please read carefully and sign in the appropriate areas as indicated

Identification of Students for Education Activities

I consent, without restrictions, for the Name and/or photograph, and details of my child's achievement to be displayed and/or for recognition and affirmation purposes.

Or

I consent, without restrictions, for the Name and/or photograph and details of my achievement to be displayed and/or for recognition and affirmation purposes.

Please Note: This may include the Whitefish River First Nation website/newsletter or local newspaper.

Signature of Parent/Guardian or
Student (if 16 years or older):

Date:

Authorization for Release and Exchange of Information: Anishinabek Education System Consent

1. Collection, Use, and Disclosure of Personal Information

I hereby provide consent to the Ontario Ministry of Education to disclose to the Kinoomaadziwin Education Body (KEB) and to the First Nation, of which my child or I am a member, my or my child's personal information, including school records which are in the Ontario School Information System (OnSIS). I also consent to the First Nation to disclose my or my child's information to the Ontario Ministry of Education. Information shared between the Ontario Ministry of Education, the KEB, and WRFN may include name; age; date of birth; gender; attendance; report card and course marks; achievements such as EQAO assessment results; credit accumulation and diploma; programs/services provided such as special education, including exceptionalities and placement information; and if required, access to my child's Ministry of Education dataset.

2. Collection, Use, and Disclosure of Personal Information to the Ministry of Education

I consent the First Nation to disclose the following information to the Ontario Ministry of Education: my name, date of birth, gender, and Ontario Education Number.

or

I consent the First Nation to disclose the following information to the Ontario Ministry of Education: my child's name, date of birth, gender, and Ontario Education Number.

I understand that this is required to allow information sharing between the Anishinabek Education System and the Ministry of Education and that this information sharing supports:

- I. Planning or delivering education programs and services;
- II. Activities to improve or maintain the quality of education programs or services; and
- III. Education research and statistical activities that will support student success and well-being.

I understand that WRFN, the KEB and the Ontario Ministry of Education will maintain and protect the confidentiality of this personal information.

Signature of Parent/Guardian or
Student (if 16 years or older)

Date:

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Authorization for the Release of Information Between

Whitefish River First Nation & Rainbow District School Board I, the parent/guardian of _____ (students name & DOB) (hereinafter referred to as "the student") hereby authorize the release by the Rainbow District School Board (hereinafter referred to as "the Board") to Whitefish River First Nation Education department (hereinafter referred to as "the Department") of the following information, and to the participation by the Department in the following educational support services:

OR

I _____ (hereinafter referred to as "the student"), having attained the age of 18, hereby authorize the release by the Board to the Department of the following information and to the participation by the Department in the following educational support services:

"Information" shall be understood to include all relevant documentation and other information in the Ontario School Record (OSR) and otherwise in the possession or under the control of the School Board:

Please check all that apply:

- The Department may receive information pertaining to the student's achievement.
- The Department may receive information pertaining to the student's attendance.
- The Department may receive information pertaining to any suspensions or expulsions involving the student.
- The Department may receive information pertaining to special services considered for or provided to the student- including Special Education Identification, Placement & Review ("IPRC") report, IPRC summary, and the Individual Education Plan.
- The Department may be advised of and may participate in in-school conferences pertaining to the student.
- The Department may be advised of and may participate in meetings convened in the IPRC process concerning the student.
- The Department may have access to the student while at school.
- The Department may provide counselling to the student while at school.
- The Department may consider the student a candidate for any awards presented as annual WRFN student Incentives and Awards. (Access to achievement and attendance records necessary)
- All other information pertaining to the needs of the student.
- The Board may advise the transportation provider of any suspension or expulsion of the student.

This authorization remains in effect as long as the student is enrolled with the Rainbow District School Board or until it is revoked in writing.

Parent/Guardian/Students Signature (having attained Age 18)

Date

Registered School

Print Name

A release of information form must be signed by the parent/guardian for the education department to access information on your child from the local school Board. The information will support the WRFN Education department administrative responsibilities to determine student eligibility for financial support, incentives, special services, and information for reports. The parent/guardian must check the boxes and sign the authorization to release information.

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