



Gaagagekiizhik GaKinoo'amaadiwigamig GaKinoo'amaawasowin

1450 Valley Drive, Kenora, ON P9N 3Y4
Phone: (807) 548-4912 Fax: (807) 548-5917 Email: kiizhik@bimose.ca



STUDENT REGISTRATION

OFFICE USE ONLY:

School Year:	2022-2023	Bus Services Needed:	<input type="checkbox"/> Yes	Grade	
OEN:			<input type="checkbox"/> No	:	

STUDENT INFORMATION

First Name:	Middle:	Last Name:			
Preferred Name:	DOB: (MM/DD/YYYY)	GENDER: M / F	Status #:		
Traditional Name:	Clan:	First Nation Community:			
Address:		City:	Province:	Postal Code:	

PARENT/GUARDIAN #1 INFORMATION

Name: (Last Name, First Name)	Home Phone Number:	Cell:	Work:		
Address:		City:	Province:	Postal Code:	
Email Address (required):		Live with Student: Yes / No			

PARENT/GUARDIAN #2 INFORMATION

Name:	Home Phone Number:	Cell:	Work:		
Address:		City:	Province:	Postal Code:	
Email Address (required):		Live with Student: Yes / No			

EDUCATIONAL INFORMATION

Last School Attended:		Last Grade Attended:			
School Address:		City/Town:			
Province:	Postal Code:	First Entry into Elementary School: (YYYY/MM/DD):			
Last Date Attended:	Transfer Reason:	Student has an IEP: Yes / No / Unknown			
Has your child received any Educational Supports and/or Special Education Assistance? Yes / No / Unsure	If Yes, Please explain:				

EMERGENCY CONTACT INFORMATION (Other than Parent/Guardian)

Name (Last / First):		Gender: Male / Female
		Relationship to Student:
Home Phone:	Business Phone:	Cell Phone:

CULTURAL INFORMATION

Will student be willing to participate in daily Smudging: Yes / No	Will student be willing to participate in daily Flag Song: Yes / No
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Explain any Cultural or Ceremonial Activities student has participated in:

In order to access important funding for your child's education, some information may be shared with Indigenous and Northern Affairs Canada (INAC) such as Name, Status Card Number, Community and Address.

MEDICAL INFORMATION

Family Physician:	Family Dentist	Health Card Number:
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Does your child have any allergies? If so, please describe treatment and if an Epi-Pen is required.

Does your child have any medical concerns that Gaagagekiizhik Staff should be aware of?

List people who are authorized to pick up student from school:

Name (First/Last)	Relationship to Student	Contact Phone #
1)		
2)		
3)		

Would you be interested in participating in Gaagagekiizhik School Parent Council activities? **Yes / No**

_____ Date

_____ Parent/Guardian Signature