



Nipissing First Nation Student Registration



BUS LINES REGISTRATION

Note: Only fill sections D, E, and F if the student is being transported

Nbisiing Bus Lines will only transport eligible students to the approved schools listed below.

Our Lady of Sorrows
St. Joseph
Resurrection
Jeunesse Active
Whitewoods

Northern SS
Esp Nipissing Ouest
Franco Cite

Alliance
Woodlands
St. Alexander
Mother St. Bride
St. Hubert

St. Joseph Scollard Hall
Nbisiing
Chippewa
Algonquin

D. TRANSPORTATION:

Pick up Address:		Drop off Address:	
<input type="checkbox"/> Home	<input type="checkbox"/> Other	<input type="checkbox"/> Transportation not required	
Address:		Address:	
Telephone:		Telephone:	
Name: (if other than parent or guardian)		Name: (if other than parent or guardian)	
Relationship to Student:		Relationship to Student:	
Other Bus Lines: Special arrangements are requested by Education .			
<input type="checkbox"/> Alouette Bus Lines	<input type="checkbox"/> Stock	<input type="checkbox"/> Special Circumstances	<input type="checkbox"/> I transport my child to school (arranged by the Education office)

E. EMERGENCY CONTACT: (IN CASE PARENT/GUARDIAN CAN NOT BE CONTACTED)

Name:	Telephone:	Relationship to student:
-------	------------	--------------------------

F. MEDICAL CONTACT INFORMATION:

Doctor's Name	Doctor's Telephone#	Health Card#	Expiry Date:
---------------	---------------------	--------------	--------------

The following medical conditions such as severe allergies, eyeglasses, etc. of which the Education Department and Nbisiing Bus Lines should be aware: (LIST ALL)

Management of treatment of reaction:

Student can recognize and treat the reaction Adult is required to assist the student Medical person is required

CONSENT TO ADMINISTER MEDICATION

In the event of a medical emergency where orally prescribed medication and/or an EPI pen must be given for first aid to manage the student's immediate medical or physical risk. These medical interventions will only be given with the parent's consent and only when the bus driver is under the direction of EMS or the parent.

I consent to administering emergency medication to manage a known medical condition (listed above) by the bus driver under the direction of the Parent or EMS.

YES
 NO

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



Nipissing First Nation Student Registration

INFORMED CONSENT AND RELEASE OF INFORMATION

Please read carefully and sign in the appropriate areas as indicated

Identification of Students for Education Activities

- I give consent without restrictions, for the name and/or photograph, and details of achievement of my child to be displayed and/or for recognition and affirmation purposes.
- Or**
- I give 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 Nipissing First Nation Education 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, Disclosure of Personal Information

I hereby provide consent to the Ontario Ministry of Education to disclose to the Kinooomaadziwin Education Body (KEB) and to the First Nation, of which I or my child is 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 NFN 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, Disclosure of Personal Information to the Ministry of Education

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

Authorization for Release and Exchange of Information: NFN Education Department Report Cards / Special Education

A release of information form must be signed by the parent /guardian for the education department to access information on your child from the four local school Boards we have service agreements with.

The information received will be used to support the NFN Education Department Administrative responsibilities to determine student eligibility for financial support, incentives, special services and information for reports. The parent/guardian must check off boxes and sign the authorization to release information.

Authorizations are available through the Elementary/Secondary Support Worker in the NFN Education Department or on NFN.ca/education/students/elementary-secondary.

The parent/guardian may cancel or change the authorization(s) in writing before the expiry date unless action has already been taken based on the authorization(s). This authorization remains in effect for the duration the student is enrolled with the same school board or until it is revoked in writing.

This information, held in confidence, is collected in accordance with the Tuition Agreement between Nipissing First Nation and your child's school board in compliance with the Freedom of Information and Protection of Privacy Act.



Nipissing First Nation Student Registration

AUTHORIZATION FOR THE RELEASE OF INFORMATION BETWEEN

Nipissing First Nation & _____ School Board

I, the parent/guardian of _____ (Student's Name and D.O.B.)
(hereinafter referred to as "the student") hereby authorize the release by the _____ Board
(hereinafter referred to as "the Board") to Nipissing 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 OSR (Ontario Student Record)
and otherwise in the possession or under the control of the School Board:

Please ✓ 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 in school.
- The Department may participate in any assessment or re-assessment of the student's need for an Educational Assistant.
- The Department may consider the student as a candidate for any awards which will be presented at the annual Nipissing First Nation 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 _____ School Board or until it is revoked in writing.

Parent/Guardian/ Student's Signature (having attained Age 18)

Date

Print name

REGISTERED SCHOOL: _____

(This information, held in confidence, is collected in accordance with the Education Services Agreement between Nipissing First Nation and the School Board in compliance with the *Municipal Freedom of Information and Protection of Privacy Act.*)