



**Kikendawt Kinoomaadii Gamig**

129 Loop St.

Dokis First Nation, ON, P0M 2N1

Phone: (705) 763-2210

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## **STUDENT INFORMATION**

Legal Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Gender: F \_\_\_\_\_ M \_\_\_\_\_

Birth date: (dd/mm/yyyy) \_\_\_\_\_

Address: \_\_\_\_\_

Province of birth: \_\_\_\_\_ First language spoken:  English  French  Other \_\_\_\_\_

Country of Origin: \_\_\_\_\_ Date of entry to Canada (if applicable) : \_\_\_\_\_

Status in Canada:  Canadian Citizen  Permanent/Landed Resident

## **PARENT/GUARDIAN INFORMATION**

**Parent/Guardian #1 Last Name:** \_\_\_\_\_

First Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home phone: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Lives with student:  Yes  No

**Parent/Guardian #2 Last name:** \_\_\_\_\_

First Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Address (if different than student): \_\_\_\_\_

Lives with student:  Yes  No Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

### Check Both Columns

Student lives with      Legal custody (Y/N)

Both parents \_\_\_\_\_

Mother \_\_\_\_\_

Father \_\_\_\_\_

Grandparents \_\_\_\_\_

Foster parents \_\_\_\_\_

CAS/Other \_\_\_\_\_

\*Specify: \_\_\_\_\_

**EMERGENCY CONTACT: (OTHER THAN PARENT/GUARDIAN)**

**\*\* This will be the person who will be contacted by phone in case of emergency, if parent/guardian cannot be reached.\*\*  
(These people must have a phone.)**

**Call First:** Can Pick Up Student  Yes  No

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

**Call Second:** Can pick up Student  Yes  No

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

**MEDICAL/HEALTH INFORMATION**

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Card #: \_\_\_\_\_ Revision code: \_\_\_\_\_

Allergies & Health conditions: \_\_\_\_\_

Life Threatening: \_\_\_\_\_ Consent to see CHN/CHR:  Yes  No

I, the parent/guardian give my permission to the school to transport my child to a medical facility in case of emergency:

YES  NO

\_\_\_\_\_

**Parent/Guardian Signature**

**Date**

\_\_\_\_\_

**Principal/Teacher's Signature**

**Date**