

Nipissing First Nation Student Registration (on Reserve)

Student Registration Information and Bussing Sheet

To be submitted by all students accessing Nbisiiing Bus Lines services. Bus form must be submitted **every school year**.

Please contact our office if your information changes throughout the school year.

A. Student's Information:				
First Name:		Middle name:		Last name:
Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth YYYY/MM/DD	School Year:	Grade:	10 Digit Band Registry No.(if applicable)
Home Address:				Band Name:
City:		Prov:	Postal Code:	Home Phone:
Health Card #:		Email address:		OEN/NISO:
Mother/Guardian's Name:		Cell or Work#	Father/Guardian's Name:	Cell or Work#
B. School:				
Sturgeon Falls area transportation with NBSIING BUS LINES:				
<input type="checkbox"/> Our Lady of Sorrows	<input type="checkbox"/> St. Joseph	<input type="checkbox"/> Resurrection	<input type="checkbox"/> Jeunesse Active	
<input type="checkbox"/> E.S. Northern	<input type="checkbox"/> Franco Cite	<input type="checkbox"/> Whitewoods		
North Bay area transportation with NBSIING BUS LINES:				
<input type="checkbox"/> Alliance	<input type="checkbox"/> Woodlands	<input type="checkbox"/> St. Alexander		
<input type="checkbox"/> Algonquin	<input type="checkbox"/> Mother St. Bride	<input type="checkbox"/> Nbisiiing		
<input type="checkbox"/> SJ/ Scollard Hall	<input type="checkbox"/> Chippewa	<input type="checkbox"/> St. Hubert		
C. Access Alert				
<input type="checkbox"/> If access restriction in effect, please specify details:				
D. Transportation: Nbisiiing Bus Lines				
Pick up Address:		Drop off Address		
<input type="checkbox"/> Home <input type="checkbox"/> Other <input type="checkbox"/> Transportation not required		<input type="checkbox"/> Home <input type="checkbox"/> Other <input type="checkbox"/> Transportation not required		
Other Address: _____		Other Address: _____		
Other Name: _____		Other Name: _____		
Telephone: _____		Telephone: _____		
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 Education office)
E. Emergency contact:				
Emergency contact if parent/guardian cannot be contacted:				
Name: _____				
Telephone: _____				
Relationship to child: _____				

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. PLEASE NOTE: This may include the Nipissing First Nation Education website/newsletter or local newspaper.

Health Alert

The following medical conditions such as severe allergies, eye glasses, etc. of which the Education Department and Nipissing Bus Lines should be aware:

Doctor's name: _____ Doctor's Telephone # _____

☐ A permission form for administration of oral medication and/or EPI pen for Anaphylactic Management Life Threatening Conditions must be filled in Appendix D2 available at the Education Department and provided to the bus driver.

Management of treatment of reaction:

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

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

☐ Yes

☐ No

I hereby provide consent to the Ontario Ministry of Education disclosing of the First Nation, of which I am a member, my personal information, including all of my school records which are in the Ontario School Information System (OnSIS).

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.

I understand that the First Nation, the Kinoomaadziwin Education Body and the Ontario Ministry of Education will maintain and protect the confidentiality of this personal information.

Signature of Parent/Legal Guardian _____

Parent Signature: _____

Date: _____

Signature of Student (if 16 yrs, or older) _____

Date: _____

Authorization or release and exchange of information: NFN education office

The release of information form attached must be signed by the parent /guardian in order 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 supports, incentives, special services and information for reports. Parent/Guardian must check off boxes and sign the authorization for release of information.

The parent/guardian may cancel or change the above authorization(s) in writing at any time prior to the expiry date, unless action has already been taken on the basis of the authorizations(s). This authorization remains in effect as long as the student is enrolled with the 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 the above noted School Board in compliance with Freedom of Information and Protection of Privacy Act.)