

Nipissing First Nation Student Registration (on Reserve)

Student Registration Information and Bussing Sheet

To be submitted by all students accessing Nbisiging 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"/>	Date of Birth <small>YYYY/MM/DD</small>	School Year:	Grade:	10 Digit Band Registry No.(if applicable)
Female <input type="checkbox"/>				
Non-binary <input type="checkbox"/>				
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:	
B. School:				
Sturgeon Falls area transportation with NBISIING 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 NBISIING 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"/> Nbisiging	
<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: Nbisiging 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	
Address: _____			Address: _____	
Telephone: _____			Telephone: _____	
Name: _____			Name: _____	
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 (arranged by Education office)	
<input type="checkbox"/> I transport my child to school				
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

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

I understand that the First Nation, the Kinooaadziwin Education Body 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 office
Report Cards/Special Education**

A release of information form 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.

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 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 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 Freedom of Information and Protection of Privacy Act.