

KAWENNI:IO/GAWENI:YO SCHOOL

RR# 6, 3201 Second Line Road, Hagersville, ON N0A 1H0 Phone: (905)768-7203 Fax: (905)768-7150

APPLICATION FORM



Application for Admission: I hereby make an Application for Admission to Kawenni:io/Gaweni:yo School, subject to the rules and regulations of the school, for:

Last Name:		First Name:		Middle Name:	
Onkwehonwe Name:			Nation:		Clan:
Onkwehonwe Name Meaning:				Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Band Name:			10 Digit Band Number:		
Home Address:			Mail Address: (or N/A)		
City:			City:		Province: Postal Code:
Province:		Postal Code:	Home Phone #:		Birthdate (YYYY MM DD)
Grade Entered:	Language Program: <input type="checkbox"/> Mohawk <input type="checkbox"/> Cayuga		Do you attend Longhouse? <input type="checkbox"/> Yes <input type="checkbox"/> No Please specify: _____		

PARENT / GUARDIAN INFORMATION

Mother's Name		Work Phone	
Home Address		Mobile Phone	
Mother's Email			
Father's Name		Work Phone	
Home Address		Mobile #	
Father's Email			

EMERGENCY CONTACT INFORMATION

Contact 1 Name	Relationship	Authorization for Pick Up <input type="checkbox"/> Yes <input type="checkbox"/> No
Contact's Home #	Contact's Mobile #	
Contact 2 Name	Relationship	Authorization for Pick Up <input type="checkbox"/> Yes <input type="checkbox"/> No
Contact's Home #	Contact's Mobile #	

EMERGENCY EVACUTIONS INFORMATION

In case of an emergency school closure, my child will:

☐ Go home on the bus

☐ Stay at school to be picked up

☐ Phone me at home/work: Home # _____ Work # _____

******* Student Applications for Admission will not be accepted without the following documentation *******

- ☐ Birth Certificate ☐ Status Card (front & back) ☐ Health Card ☐ Immunization Record
☐ Bus Registration Form ☐ Parent Agreement
 (please complete both sides the registration form)

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MEDICAL INFORMATION		
Doctor's Name:	Doctor's Phone #	Health Card #
Allergies? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, please specify in detail: (Ex: Food allergy Eggs: ingestion or air born)	
	Is EpiPen require onsite? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Asthma? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, is medication needed on Site?	
Medical Conditions? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, please specify: (Ex: Vision Problems/Hearing/Eczema)	
Is your child currently on Medications? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please list medications & times required for medication	
PERMISSION FOR MEDICAL TREATMENT: In case of an accident or illness of my child while at school, I agree to allow the staff of Kawenni:io/Gaweni:yo School to obtain necessary medical attention: Yes <input type="checkbox"/> No <input type="checkbox"/>		
EDUCATION BACKGROUND		
Previous School/Day Care Attended: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Elementary/Secondary School Or Day Care:	
Prior Language: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please specify:	
Does Student have an IEP: <input type="checkbox"/> Yes <input type="checkbox"/> No		
HEALTH/EDUATIONAL SERVICES		
Please indiate if your child is or has received the following services <input type="checkbox"/> Birthing Centre <input type="checkbox"/> Children's Health Team <input type="checkbox"/> Healthy Babies/Healthy Living <input type="checkbox"/> Early Childhood Development <input type="checkbox"/> Counselling	Reason for referral: <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech and Language Therapy <input type="checkbox"/> Psychoeducational Assessment <input type="checkbox"/> Developmental Assessment <input type="checkbox"/> Registered Dietition <input type="checkbox"/> Other Please Specify: _____	
PRINT Parent/Guardian Name	Signature	Date
PICTURE/IMAGE/VIDEO RELEASE		
<input type="checkbox"/> No, I do not wish for my child to be in any publications. <input type="checkbox"/> Yes, I consent to my child to video recording and pictures. Kawenni:io/Gaweni:yo School takes pictures and video recordings of some of our most important events. These images are then used for the purpose of school publications and/or promotions such as newsletters, curriculum materials, handbooks, annual reports, yearbooks, interactive website, DVD presentations, yearend show, etc. I hereby give Kawenni:io/Gaweni:yo School permission to take pictures/videography of this above registered student during his/her school outings or activities which may be used in school publications and/or promotions.		
PRINT Parent/Guardian Name	Signature	Date
Office Use Only		Student Number:
Ontario Student Record Request Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of previous Elementary or Secondary School:	
Parent Agreement Signed Yes <input type="checkbox"/> No <input type="checkbox"/>		
Notes/Comments:		
Principal's Signature:		Approval Date: