



# KAHNAWAKE EDUCATION SYSTEM APPLICATION FORM

PO Box 1000  
Kahnawà:ke QC J0L 1B0  
Tel: 450 632-8770 Fax: 450 632-8042 www.kecedu.ca



Karonhianónhnha School \_\_\_\_\_ Kateri School \_\_\_\_\_ Kahnawake Survival School \_\_\_\_\_ School Year \_\_\_\_\_

## Section 1 - Student Identification

Last Name: \_\_\_\_\_ Given Name: \_\_\_\_\_

Kanien'kéha Name: \_\_\_\_\_ Band Number: (TEN DIGIT #) \_\_\_\_\_

Birth Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Clan: \_\_\_\_\_

Address/PO Box: \_\_\_\_\_ Town/City #: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Language(s) spoken at home: Kanien'kéha  English  French  Other: \_\_\_\_\_

Previous School attended: \_\_\_\_\_ Grade: \_\_\_\_\_ Year: \_\_\_\_\_

## Section 2 - Parent / Guardian Information

Father's Last Name: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Father's First Name: \_\_\_\_\_ Mother's First Name: \_\_\_\_\_

Father's Box #: (if different from child's) \_\_\_\_\_ Mother's Box #: (if different from child's) \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Home Telephone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

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

Child resides with: Mother  Father  Both Parents  Shared Custody  Guardian

## Section 3 - Emergency Contacts - OTHER THAN PARENT/GUARDIAN

Emergency Contact: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Home Telephone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

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

Sibling(s) currently attending Karonhianónhnha, Kateri or Survival School:

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

I authorize the use of photos, videos, voice recordings, accomplishments and/or similar items of my child in Kahnawake Education System publications or as part of any media events, such as radio, newspaper, television, website, etc. Yes  No

I volunteer to assist in any scheduled social, recreational or educational activity and can be contacted using the information above.

**Person(s) authorized to pick up your child (other than yourself):**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Person(s) NOT authorized to pick up your child (Legal Documentation Required):**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Medical Information:**

Medicare #: \_\_\_\_\_ Name on Card: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Allergies: No \_\_\_\_\_ Yes \_\_\_\_\_ Specify to what: \_\_\_\_\_ EPIPEN required? No \_\_\_ Yes \_\_\_\_\_

Physical or Medical Problems: No \_\_\_\_\_ Yes \_\_\_\_\_ Describe: \_\_\_\_\_

Medication Required? No \_\_\_\_\_ Yes \_\_\_\_\_ Type of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Please fill in the dates of your child's shot in the spaces provided below. We require having your child's immunization records in the event of an infectious disease outbreak, for example, the school nurse can then easily determine the proper measures to protect your child and/or others; as well as ensuring that your child is up to date with their immunizations. If you do not have this information, please go to the place where your child has been previously immunized to obtain a copy.

Diphtheria - Tetanus - Pertussis - Poliomyelitis (Polio) - Haemophilus Influenza Type B:

\_\_\_\_\_

Measles - Mumps - Rubella - Chicken Pox (Varicella):

Meningococcal Infection:

\_\_\_\_\_

\_\_\_\_\_

Pneumococcal Infection:

Other (please specify):

\_\_\_\_\_

\_\_\_\_\_

**Bussing Information:**

\*\* Please describe the home location of the registered child for bussing purposes (i.e. Blind Lady's Hill, Clay Mountains, etc.).

Home location of registered child:

\_\_\_\_\_

\_\_\_\_\_

\* For safety/emergency reasons, parent names and emergency contact information will be provided to the MCK Transport department. All information will be handled confidentially and used for valid purposes only.

I, the undersigned, attest that all the above information is correct, and I acknowledge that I am responsible for notifying the school of any changes to the above information concerning my child.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Please return completed application form, a copy of child's BIRTH CERTIFICATE and MEDICARE CARD to:  
Tracey Alfred, Registrar, Kahnawà:ke Education Center**



# Kahnawà:ke Education System

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## AUTHORIZATION FOR RELEASE OF INFORMATION

### STUDENT IDENTIFICATION

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Band Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 (mm/dd/yy)  
 Permanent Code: \_\_\_\_\_ Grade: \_\_\_\_\_

### AUTHORIZATION

I, the undersigned parent or guardian, with respect to confidentiality, authorize the school identified below to send all relevant information and records including all academic and psycho-educational assessments, education and behaviour programs (IEP's), behaviour and attendance records about the identified student.

Release from \_\_\_\_\_ Phone: \_\_\_\_\_  
(School/Institution)

Fax: \_\_\_\_\_

Release to:     Kahnawà:ke Education Center c/o (check below)     Phone:     450 632-8770    

(  Karonhianonhnha School     Kateri School     Survival School )      Fax:     450 632-8042    

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

You have the right to refuse to authorize the release of information. You have the right to cancel your permission; you may do so in writing, which will take effect immediately unless the information was released prior to your retraction. You have a right to receive a copy of this release of information authorization.

### For Office Use Only

KEC Contact: \_\_\_\_\_ Phone:     450 632-8770    

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## KATERI SCHOOL

PO Box 100

Kahnawà:ke QC J0L 1B0

Tel: 450 632-3350 Fax: 450 632-3952

www.kecedu.ca

## Nursery/Kindergarten Programs

I am enrolling my child into the following program:

- Nursery Program - 50/50 French-English Bilingual Program
- Kindergarten Program - 50/50 French-English Bilingual Program
- Kindergarten Program - 80/20 French-English Immersion Program

## Before and After School Program

(available for Nursery and Kindergarten students of working or in school parents only)

**Before School Program Hours 7:30 - 8:30 am - After School Program Hours 2:00 - 4:30 pm**

### Fees:

Morning **ONLY** registration - \$5 per registered morning. Service from 7:30 am - 8:30 am

Afternoon **ONLY** registration - \$10 per registered afternoon. Service from 2:00 pm - 4:30 pm

Morning and Afternoon registration - \$10 per registered day. Service from 4:30 pm - 5:00 pm is \$5.00 extra

\* Students not registered for the extra \$5 service, there is a late pick up fee of \$1 per minute after 4:30 pm

Fees are to be paid for each registered day; including child's absences. Payment must be received on Thursday of each week - CASH ONLY. There will be no service or fees charged on Ped Days or cancelled school days. A valid employer name/number or school schedule is required.

Child's Name: \_\_\_\_\_

- Will** require before and/or after school care.
- May** require before and/or after school care.
- Does Not** requires before and/or after school care.

Full Before and After School Program application forms will be available during Orientation Days

