



KAHNAWAKE EDUCATION CENTER

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

APPLICATION FOR ELEMENTARY/SECONDARY OFF-RESERVE FUNDING

Please read thoroughly before completing and returning the application form.

NEW/TRANSFER STUDENTS ONLY: Attach a copy of the letter of acceptance or admission for new school.

Return **COMPLETED** application to **Tracey Alfred, Registrar**, before **March 29, 2019**

SECTION 1 - STUDENT IDENTIFICATION

Last Name: _____ First Name: _____
Address/PO Box: _____ Town/City: _____
Postal Code: _____ Home Telephone #: _____
Band Number: (TEN DIGIT #) _____ Permanent Code #: _____
Birth Date: Month _____ Day _____ Year _____ Sex: Male _____ Female _____
Medicare Number: _____ Expiry Date: _____
Emergency Contact Name: (other than parents/guardians) _____
Home #: _____ Cell #: _____ Work #: _____

SECTION 2 - PARENT / GUARDIAN INFORMATION

Mother/Guardian: _____ Home #: _____
PO Box (if different from child): _____ Cell #: _____
Email: _____ Work #: _____
Father/Guardian: _____ Home #: _____
PO Box (if different from child): _____ Cell #: _____
Email: _____ Work #: _____
Child resides with: Mother Father Both Parents Shared Custody Guardian

SECTION 3 - SCHOOL IDENTIFICATION - 2018/2019 SCHOOL YEAR

School: _____ Grade: _____

SECTION 4 - SCHOOL IDENTIFICATION - 2019/2020 SCHOOL YEAR

School: _____ Grade: _____



Mohawk Council of Kahnawà:ke
Daily Transportation Department
P.O. Box 720



Kahnawake Education Center
PO Box 1000
Kahnawake QC J0L 1B0

School Bus Transportation Medical Information Form - 2019/2020

Medical information is required to ensure school and bus personnel are aware and prepared for medical emergencies while at school, or while transporting your child on the school bus. This information will be kept confidential and will only be shared amongst school and bus personnel who have direct contact with your child.

Student Identification

Last Name: _____ Given Name: _____
 Kanien'kéha Name: _____ Sex: _____ Male _____ Female
 Birth Date: Month _____ Day _____ Year _____ Medicare Number: _____
 School: _____ Grade: _____ New Student: _____ Yes _____ No
 Home Location: _____

Parent / Guardian Information

Mother/Guardian: _____ Father/Guardian: _____
 Home Telephone #: _____ Home Telephone #: _____
 Cell Phone #: _____ Cell Phone #: _____
 Work Phone #: _____ Work Phone #: _____
 Child resides with: Mother Father Both Parents Shared Custody Guardian

Emergency Contacts - OTHER THAN PARENT/GUARDIAN

Contact Name: _____ Contact Name: _____
 Home Telephone #: _____ Home Telephone #: _____
 Cell Phone #: _____ Cell Phone #: _____
 Work Phone #: _____ Work Phone #: _____
 Relationship to student: _____ Relationship to student: _____

Medical Information:

Allergies: Yes _____ No _____ Allergic to: _____
 EPIPEN required? _____ Yes _____ No Ability to self-administer? _____ Yes _____ No
 Diagnoses/Disabilities: _____ Yes _____ No Describe: _____
 Medication Required? _____ Yes _____ No If yes, medication required during bus transportation? _____ Yes _____ No
 My child requires a bus shadow: _____ Yes _____ No My child previously had a bus shadow: _____ Yes _____ No

Additional information that would be beneficial for personnel, noting any behavioral characteristics to be expected, special needs, limitations of child, etc. (please use back of form should you require additional space). - MI-2

Authorization

I authorize the Kahnawà:ke Education Center and the Kahnawà:ke Bus Transportation Department to use this information. I am aware that this information will be kept confidential by both organizations. Either organization may contact me should additional information concerning my child be required. **Should any information change, I will inform both organizations immediately.**

Parent/Guardian Signature

Date

Parent/Guardian - Please use space below should further elaboration be required. - MI-2

School/Bus Transportation Department, use space below for notations.

For Kahnawà:ke Bus Transportation Department Use:	
Child is/will be on bus number:	
Bus Driver:	
Bus Monitor (if applicable):	
Shadow: No <input type="checkbox"/> Yes <input type="checkbox"/> - If yes, name:	
<input type="checkbox"/> Bus Driver (and Monitor, if applicable) have been made aware of child's condition and needs.	
<input type="checkbox"/> Bus Driver (and Monitor, if applicable) have been provided with special instructions and/or training.	
Signature of Bus Driver	Signature of Bus Monitor