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

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 ______________________ (School/Institution) Phone: ______________________

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: ______________________