

Seventh Fire Education Centre

2040 Walsh Street East, Thunder Bay, Ontario P7E 4W2

Student Information

FIRST NAME:	_____	MIDDLE:	_____	LAST:	_____		
PREFERRED NAME:	_____	DOB: MM/DD/YYYY	_____	MALE/FEMALE:	_____		
GRADE:	_____	STREET:	_____	APT #:	_____	PO BOX #:	_____
FIRST NATION COMMUNITY:	_____			POSTAL CODE:	_____		
HOME PHONE #:	_____		FIRST LANGUAGE:	_____			
MEDICAL ALERT INFORMATION/DISABILITY/ALLERGIES: _____							

CARRIES EPI-PEN: YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES PLEASE EXPLAIN _____							

ABORIGINAL ANCESTRY:							
FIRST NATION: YES <input type="checkbox"/> NO <input type="checkbox"/>		METIS: YES <input type="checkbox"/> NO <input type="checkbox"/>		INUIT: YES <input type="checkbox"/> NO <input type="checkbox"/>			
MAIN LANGUAGE SPOKEN AT HOME: _____							
SIBLINGS AT THIS SCHOOL: YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES PLEASE LIST NAMES: _____							

DOES THE CHILD ATTEND ANY AFTER-SCHOOL PROGRAMS? IF YES PLEASE EXPLAIN: _____							

Student Cultural Information

TRADITIONAL NAME:	_____
IF NO, IS A NAMING CEREMONY REQUESTED?	YES <input type="checkbox"/> NO <input type="checkbox"/>
FAMILY CLAN:	_____
WILL THE STUDENT BE WILLING TO PARTICIPATE IN SMUDGING?	YES <input type="checkbox"/> NO <input type="checkbox"/>
EXPLAIN ANY CULTURAL/CEREMONIAL ACTIVITIES STUDENT HAS PARTICIPATED IN:	_____

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Parent/Guardian Information # 1

FIRST NAME:	_____	MIDDLE:	_____	LAST:	_____
RELATIONSHIP TO STUDENT:	_____	MALE	<input type="checkbox"/>	FEMALE	<input type="checkbox"/>
LIVES WITH STUDENT	YES <input type="checkbox"/>	NO <input type="checkbox"/>	LEGAL GUARDIAN:	_____	
EMERGENCY CONTACT:	_____	PHONE #:	_____		
SCHOOL CLOSURE CONTACT:	_____	PHONE #:	_____		
HOME PHONE #:	_____	BUSINESS PHONE #:	_____	EXT:	_____
CELL PHONE #:	_____	EMAIL ADDRESS:	_____		
ADDRESS (IF DIFFERENT FROM STUDENT) STREET #	_____				
APT #	_____	PO BOX/RR#:	_____	CITY/TOWN:	_____
				POSTAL CODE:	_____

Parent/Guardian Information #2

FIRST NAME:	_____	MIDDLE:	_____	LAST:	_____
RELATIONSHIP TO STUDENT:	_____	MALE	<input type="checkbox"/>	FEMALE	<input type="checkbox"/>
LIVES WITH STUDENT	YES <input type="checkbox"/>	NO <input type="checkbox"/>	LEGAL GUARDIAN:	_____	
EMERGENCY CONTACT:	_____	PHONE #:	_____		
SCHOOL CLOSURE CONTACT:	_____	PHONE #:	_____		
HOME PHONE #:	_____	BUSINESS PHONE #:	_____	EXT:	_____
CELL PHONE #:	_____	EMAIL ADDRESS:	_____		
ADDRESS (IF DIFFERENT FROM STUDENT) STREET #	_____				
APT #	_____	PO BOX/RR#:	_____	CITY/TOWN:	_____
				POSTAL CODE:	_____

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Emergency Contact Information (Other than parent)

FIRST NAME: _____	MIDDLE: _____	LAST: _____
RELATIONSHIP TO STUDENT: _____	GENDER: M <input type="checkbox"/> F <input type="checkbox"/>	
HOME PHONE #: _____	BUSINESS PHONE #: _____	
CELL PHONE #: _____		

Educational Background

PREVIOUS SCHOOL ATTENDED: _____	
ADDRESS #/STREET: _____	CITY/TOWN: _____
PROVINCE: _____	POSTAL CODE: _____
DEPARTURE DATE: _____	LAST GRADE ATTENDED: _____
TRANSFER REASON: _____	
FIRST ENTRY INTO ELEMENTARY SCHOOL (YYYY/MM/DD) _____	
HAS YOUR CHILD PREVIOUSLY RECEIVED SPECIAL EDUCATION ASSISTANCE? YES <input type="checkbox"/> NO <input type="checkbox"/> UNSURE <input type="checkbox"/>	
IF YES PLEASE EXPLAIN: _____	

STUDENT IDENTIFICATION THROUGH IPRC: YES <input type="checkbox"/> NO <input type="checkbox"/> STUDENT HAS AN IEP YES <input type="checkbox"/> NO <input type="checkbox"/>	