

STUDENT APPLICATION FOR CONTINUING STUDENTS

STUDENT INFORMATION

Legal Names: Last Name _____
First Name _____ Middle Name _____ Name Known by _____
Birthdate: _____ Sex: Female Male
Preferred gender (choose one if applicable): Trans Person Two-Spirit Gender non-conforming
10 Digit Treaty #: _____
Languages spoken at home: English: Yes No Other Languages: _____
Current or Last School Attended: _____

CURRENT ADDRESS

Apt. No./Street No./Street _____
Postal Code _____

PARENT/LEGAL GUARDIAN AND CONTACT INFORMATION

Parent, Legal Guardian or Alternate Contact

Last Name _____ First Name _____
Relationship to Student _____ Student Lives with Yes No
Enter address and home phone if different from student
Address _____ City _____ Postal Code _____
Home Phone _____ Unlisted Work Phone _____ ext _____ Cell _____
Email _____ Employer _____

Parent, Legal Guardian or Alternate Contact

Last Name _____ First Name _____
Relationship to Student _____ Student Lives with Yes No
Enter address and home phone if different from student
Address _____ City _____ Postal Code _____
Home Phone _____ Unlisted Work Phone _____ ext _____ Cell _____
Email _____ Employer _____

LEGAL CUSTODY Please make changes as necessary

Joint* Mother Father Guardian Agency Other

*Joint Custody is when those parents have a legal custody agreement in place for the student

ADDITIONAL CONTACT INFORMATION

Emergency Contact (if parent/guardian cannot be reached)

Last Name _____ First Name _____
Relationship to Student _____ Student Lives with Yes No
Home Phone _____ Unlisted Work Phone _____ ext. _____ Cell _____

PLEASE CHECK THIS BOX IF ALL PERMISSION SLIPS FOR HEALTH CARE RELEASE, OVER THE COUNTER MEDICATION, FIELD TRIP PERMISSIONS, TRANSPORTATION, 1HR UNSUPERVISED LEAVE, RELEASE OF INFORMATION TO HSC/BOARD, MEDIA ARE STILL ACTIVE.

PLEASE CHECK THIS BOX IF YOU AGREE TO ALLOW YOUR STUDENT TO PARTICIPATE IN VARIOUS CULTURAL ACTIVITIES THROUGH OUT THE YEAR. (SMUDGING, SWEAT LODGE, NAMING CEREMONY, DRUMMING, DRUM MAKING/BUILDING, POW WOW, CEDAR BATH, LAND-BASED EDUCATION, SHARING CIRCLES, TEACHINGS)

PLEASE LIST ANY CHANGES TO MEDICAL OR HEALTH CONDITIONS OR ANYTHING ELSE YOU WOULD LIKE TO ADD

☛ SIGNATURE OF PARENT/GUARDIAN:



DATE:

(day/month/year)