



BIIGTIGONG NISHNAABEG ENDZHI-
GKINOOMAADING
Private High School

P.O. Box 217 ♦ 21 Rabbit Drive
Heron Bay, ON ♦ P0T1R0

Phone: (807) 229-3726 ♦ Fax: (807) 229-3727

STUDENT REGISTRATION FORM

Name: _____

Date: _____

Band Number: _____

Phone: _____

Date of Birth: ____/____/____/

Email: _____

Mailing Address: _____

Name of last high school Attended: _____

Address of Last High School: _____

Did you begin high school after 1999? Yes No

Have you completed OSSD Req. Community Hours? Yes No

Have you completed OSSD Req. Literacy Exam? Yes No

Briefly State What You Hope to Accomplish This Year:

Part Time/Full Time (please indicate one)

- Part Time = 3 credits per year
- Full Time = 6 credits per year

Student Signature

Date



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Date: _____

Anishinabek Employment & Training Services
285 Red River Road
Thunder Bay, ON
P7B1A9

Client Name

Dear Sir/Madam,

Under the Freedom of Information and Protection and Personal Privacy Act (Ontario), I consent to the release of the following information about me held by Biigtigong Nishnaabeg Endzhi-gkinoohmaading Private High School.

Information to be released:

- Education progress reports

Yours truly,

(Signature)

(Name printed)

(Social Insurance Number)

(Street Address)