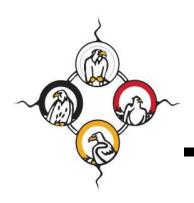


BIIGTIGONG NISHNAABEG ENDZHI-**GKINOOMAADING**

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: | | |
|---|---|--------|-----|
| 1 | Date: | Date: | |
| Band Number: | | Phone: | |
| Date of Birth:// | / | Email: | |
| 9 | | | |
| | | | |
| Name of last high school Atto | ended: | | |
| Address of Last High School: | | | |
| Did you begin high school af | ter 1999? | □Yes | □No |
| Have you completed OSSD Req. Community Ho | | | □No |
| Have you completed OSSD F | Req. Literacy Exam? | □Yes | □No |
| Briefly State What You Hope | to Accomplish This Ye | ear: | |
| | | | |
| | | | |
| Part Time/Full Time (please i | • | | |
| | Part Time = 3 credits Full Time = 6 credits | 1 2 | |
| | | | |
| Student Signature | | Date | |



BIIGTIGONG NISHNAABEG ENDZHI-GKINOOHMAADING PRIVATE HIGH SCHOOL

P.O. Box 216 ◆ 21 Rabbit Drive ◆ Heron Bay, ON ◆ P0T1R0 ◆ Phone (807)229-3726 ◆ Fax (807)229-3727

| 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 of the following information about me held by Biigtigong Nishna School. | |
| Information to be released: • Education progress reports | |
| Yours truly, | |
| (Signature) | |
| (Name printed) | |
| (Social Insurance Number) | |
| | (Street Address) |



BIIGTIGONG NISHNAABEG ENDZHI-GKINOOHMAADING PRIVATE HIGH SCHOOL

P.O. Box 216♦21 Rabbit Drive♦Heron Bay, ON♦P0T1R0♦ Phone (807)229-3726♦Fax (807)229-3727

Request for an OSR

| Please forward | the Ontario Student Record f | For: |
|---------------------------------|--|---|
| First name | Middle Initial | Surname (maiden) |
| Date of Birth (year | /month/day) | |
| Name of last school | ol attended | Last Year of Attendance |
| • | nt to the release of my officia dzhi-gkinoohmaading (Pic Ri | l Ontario Student Record to the Biigtigong ver) Private High School. |
| Signature of studer | nt (Parent if the student under 18 y | rears of age) Date |
| _ | y that this is a private school cation and Training, Ontario | inspected by supervisory officials of the |
| | 1 1 | e record and to use, maintain, transfer and guidelines for the Ontario Student Record |
| Sincerely, | | |
| Amy Michano (Vice Principal) | | Date |