



**BIIGTIGONG NISHNAABEG ENDZHI-  
GKINOOHMAADING**

**Private High School**

P.O. Box 217 ♦ 21 Rabbit Drive

Heron Bay, ON ♦ P0T1R0

Phone: (807)229-3726 ♦ Fax:(807)229-1944

**STUDENT REGISTRATION FORM**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Band Number:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_/

**Email:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**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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PRIVATE HIGH SCHOOL**

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

**Request for an OSR**

Please forward the Ontario Student Record for:

\_\_\_\_\_  
First name                      Middle Initial                      Surname (maiden)

\_\_\_\_\_  
Date of Birth (year/month/day)

\_\_\_\_\_  
Name of last school attended

\_\_\_\_\_  
Last Year of Attendance

I hear by consent to the release of my official Ontario Student Record to the Biigtigong Nishnaabeg Endzhi-gkinoohmaading (Pic River) Private High School.

\_\_\_\_\_  
Signature of student (Parent if the student under 18 years of age)

\_\_\_\_\_  
Date

This is to certify that this is a private school inspected by supervisory officials of the Ministry of Education and Training, Ontario

I hereby agree to accept responsibility of the record and to use, maintain, transfer and dispose of the record in accordance with the guidelines for the Ontario Student Record

Sincerely,

\_\_\_\_\_  
Amy Michano  
(Vice Principal)

\_\_\_\_\_  
Date



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Date: \_\_\_\_\_

Anishnabek Employment & Training Services  
277 Park Ave,  
Thunder Bay, ON  
P7B 1C4

Supercom Industries  
10 Central Place  
Pays Plat First Nation, Ontario  
P0T 3C0

\_\_\_\_\_  
(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:  
Educational progress reports

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Yours truly,

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Name printed)

\_\_\_\_\_  
(Social Insurance Number)

\_\_\_\_\_  
(Street Address)