



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



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 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)



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 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,

Rhonda LeClair
Student Services

Date