



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: _____

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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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-gkinoohmading Private High School.

Information to be released:
Educational progress reports

Yours truly,

(Signature)

(Name printed)

(Social Insurance Number)

(Street Address)