

## Student Registration Package

Please find the following:

1. Student registration – **to be signed and returned**
2. Picture taking/Community Excursion Consent – **to be signed and returned**
3. Responsible use of Technology Consent – **to be signed and returned**
4. Consent for Speech and Language Screening – **to be signed and returned**
5. Balanced School Day Schedule
6. Information About Volunteering at Biidaaban

Proof of required documents to be submitted with your registration application:

- A) Immunization record
- B) Birth Certificate
- C) Health Card
- D) Secure Certificate of Indian Status (if applicable)



### Student Registration and Information Form

**Child's Name:** \_\_\_\_\_  
Surname Given Name Middle

**Date of Birth:** \_\_\_\_\_ **Gender:** M F **Health Card No.:** \_\_\_\_\_  
(month/day/year)

**Band:** \_\_\_\_\_ **Band Registry No.:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
House Number Physical Street Address

**Mailing Address:** \_\_\_\_\_  
P.O. Box Town/City Postal Code

**Home Telephone:** \_\_\_\_\_ **Cell Number:** \_\_\_\_\_

**Last School Attended:** \_\_\_\_\_ **Current Grade Level:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Health Information and Program Planning:** Please check those that apply and comment as necessary.

Allergies: \_\_\_\_\_ Epi-Pen Required

Asthma Diabetes Epilepsy Heart Problems

Medical Procedures: \_\_\_\_\_

Hearing Problems Hearing Aid Vision Problems Glasses Contact Lenses

No Health Problems

Special Education: Resource Withdrawal Resource Support Self-Contained

Speech & Language Therapy: \_\_\_\_\_

Physical Disabilities: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Telephone: \_\_\_\_\_



### Parent/Guardian Information

**Mother's Name:** \_\_\_\_\_ **Lives with Child**

Work Telephone: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Lives with Child**

Work Telephone: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Guardian's Name:** \_\_\_\_\_ **Lives with Child**

Relationship to Child: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Siblings in School:

Name: \_\_\_\_\_ Grade \_\_\_\_\_ Lives with sibling

Name: \_\_\_\_\_ Grade \_\_\_\_\_ Lives with sibling

Name: \_\_\_\_\_ Grade \_\_\_\_\_ Lives with sibling

### Emergency Contact Information

In the event that your child becomes ill; has an accident and needs emergency medical/dental attention; the need for a change of clothing; or when unforeseen circumstances occur such as inclement weather, water/electrical failures, etc. that the students must be sent home. Please indicate the name and telephone number of two people who the school may contact should we be unable to contact you the parent(s)/guardian.

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Other Information that the school should be made aware of:

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\_\_\_\_\_  
Parent /Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date



**BIIDAABAN  
KINOOMAAGEGAMIK**

**1666 Toulouse Bay Road  
P.O. Box 2217  
Sagamok Anishnawbek, ON P0P 1P0  
Tel.: 705 – 865 – 2387  
Fax.: 705 – 865 – 3411**

### **Community Excursion Consent Form**

Many learning opportunities happen within the community and surrounding vicinity. This consent form has been developed to ensure that parents/guardians are aware that students may from time to time leave the school grounds during the school day. Students will always be under the direction of a teacher during such excursions and normally would be walking or in a bus contracted by the school. Examples of such excursions within the community would be: *nature walks, Terry Fox Run/walk, walks to the Little Lake, Mc Bean and White Mountain, visits to the Elders Lodge, Fort La Cloche etc.*

This form will allow your child/children to attend the events for the school year without signing individual consent forms for every trip.

Should you have any concerns or questions, please contact the school.

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I hereby consent that my child may be taken on community excursions provided by Biidaaban Kinooaagegamik each year until their Grade Eight Graduation school year.

I understand that if my child does not adhere to the Biidaaban Kinooaagegamik Code of Conduct while on any excursion, that he/she may be returned to the school and may not be able to participate in future school excursions the school may provide.

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



*Please complete and return this form to your child's school ASAP.*

## Attention Parents/Guardians:

This information will be kept on file for reference throughout the school year. Please print clearly.

School: Biidaaban Kinooaagegamik Date: \_\_\_\_\_

Child's name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_

Tel: \_\_\_\_\_ (Home) \_\_\_\_\_ (Bus)

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

## Publicity and Promotional Opportunities

During the school year, your child's photo may be taken or video/comments may be recorded by the school and/or the media for promotional purposes. This is an excellent opportunity for your child to represent the school or receive recognition for his/her/their achievements.

Examples of promotional purposes include, but are not limited to, news releases, school and system-wide newsletters, brochures, posters, videos, Internet information, news coverage, radio broadcasts, television footage and social media, including Facebook, X (formerly Twitter), TikTok, Snapchat and YouTube. This consent will also allow students to participate in activities that are livestreamed for public viewing, for example, sports events and school Board meetings. If you check "Yes" below, you understand and agree that all photos will become the property of Sagamok Anishnawbek and you hold harmless, release, and forever discharge Sagamok Anishnawbek from all claims, demands, and causes of action with respect to your child's likeness and waive any right to royalties or other compensation arising or related to the use of the photo/s.

**Please check the appropriate box below and sign to indicate whether you consent to having your child appear in publicity and promotional opportunities.**

*Note:* You may contact your school at any time to revoke this consent.

☐ Yes, I consent to having my child participate in publicity and promotional opportunities.

☐ No, I do not consent to having my child participate in publicity and promotional opportunities.

Parent/Guardian Signature: \_\_\_\_\_

☐ An external agency is involved in the Guardianship

*In accordance with the Municipal Freedom of Information and Protection of Privacy Act, personal information is being collected under the authority of the Education Act to obtain for publicity and promotional opportunities.*



## **Responsible Use of Technology for Learning**

### **Student Application and Agreement Form**

Directions: After reading the Biidaaban Kinooaagegamik Policy regarding technology, the signature of a parent or guardian is required.

### **Usage of the School's Devices, Network, Internet and Google Suite For Education Accounts**

Biidaaban School strives to foster spiritual, physical, intellectual, and social growth in all of our students. Recognizing the importance of technology in our world, we believe it is necessary to:

- Incorporate technology into the instructional process to encourage problem-solving, critical thinking, and global learning;
- Promote student-centered learning;
- Use technology to increase the effective use of time for both students and staff;
- Empower students and staff with technical literacy skills.

There are rules and guidelines to ensure effective student learning and to keep our technology equipment in good working order. All equipment belongs to the school and should remain on school property; students will not take their assigned Chromebook or iPad home. Administration and staff reserve the right to monitor any and all activity generated by students' use of technology equipment. **Students may use technology equipment only during teacher-directed activities.**

The use of iPads, Chromebooks, computers, and other technology equipment at Biidaaban School is a privilege that comes with responsibility. Failure to meet these responsibilities may result in losing the privilege and/or further consequences determined by administration, including being held financially responsible for the repair or replacement of stolen or damaged equipment. These student responsibilities are outlined below:

- I am responsible for my account, including the associated email address, storage and applications
- I will not give my password to anyone, except my parents and teacher
- I will log off from my account, exit all programs, return the technology to its proper location, and plug it in when I am finished
- I will not download or use software unless explicitly instructed to do so
- I am responsible for how I treat others in online and offline digital environments
- I will only use language that I would use in the classroom with my teacher
- I will not write or publicly share anything that is hurtful or embarrassing to anyone
- I will not use another person's login name or password or pretend to be someone else
- I am responsible for protecting the property of the school and others at the school
- I will not plagiarize



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### Biidaaban Computer Use Agreement (Continued)

- I will obey copyright laws
- I will not tamper with or vandalize hardware, software, or data
- I will not alter or attempt to alter any settings or programs existing on the technology equipment
- I will maintain the technology equipment assigned to me in its original condition

#### STUDENT

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

START DATE: \_\_\_\_\_ EXPECTED YEAR OF GRADUATION: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

(Signature required for students age 12 and older)

DATE: \_\_\_\_\_

#### PARENT/GUARDIAN

(a parent or guardian must also read and sign this agreement)

As a parent or guardian of this student, I have read the procedural guidelines regarding technology in the Biidaaban Kinooaagegamik Policy. I understand that this access is designed for educational purposes and Biidaaban School has taken reasonable precautions to eliminate controversial materials. I also recognize that it is impossible for Sagamok Anishnawbek to restrict access to all controversial materials acquired on the network. Further, I accept full responsibility for supervision, if any, when my child's use is not in a school setting.

I hereby give my permission to issue an account for my child and certify that the information contained in this form is correct.

PARENT OR GUARDIAN (Printed): \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**When your account is established, your site administrator will notify you of your user name and user password.**

**NOTE: This form is to be completed upon Registration.**



**K.J. Addy**  
**Speech & Language Services**  
13-4 Alliance Blvd., Suite 216 Barrie, ON L4M 7G3  
705-737-7973 kjaspeech@gmail.com

**Consent for Screening of Speech & Language**  
**Pursuant to the Personal Health Information Protection Act, 2004 (PHIPA)**

**Note To Parent or Guardian of Client**

We want your informed consent. This means that we want you to understand the services we hope to provide to your child and what we do with personal information we obtain about your child. If you have a question about any of this, please ask.

**Consent For Screening**

I, \_\_\_\_\_, as the parent/guardian wishing Speech  
Language Pathology services for my child, \_\_\_\_\_,

(Date of Birth: \_\_\_\_\_)

☐ Do grant permission for the Speech-Language Pathologist (K.J. Addy) to complete a brief screening of language, fluency and speech sounds for my child. I am aware that the screening is a subjective measure of my child's developmental level of ability. I understand that I have the right to withdraw my consent for treatment at any time.

**Consent For Personal Information**

I understand that to provide my child with speech-language pathology services, K.J. Addy Speech & Language Services will collect some personal information about my child such as:

- name and address
- languages spoken
- home / work telephone number
- date of birth / age
- pertinent medical/health/developmental information or diagnosis
- anecdotal information from staff (classroom behaviour, interaction with other children)

This information will be used for:

- contacting me to schedule appointments and/or to discuss progress
- consultation with other professionals to whom I have give consent (ex: Staff)
- preparation for the assessment and/or therapy if necessary

Your informed consent will be obtained prior to releasing or disclosing any of your child's personal information.

I understand the purpose for disclosing this personal health information to the person/ agent noted above.

I understand that I can refuse to sign this consent form.

My name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Tel: \_\_\_\_\_

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





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## Kindergarten Readiness Checklist

Please review the checklist and check mark which skills your child demonstrates competency in or is developing.

### Awareness of Personal Information

- ☐ Does know his/her full name
- ☐ Does know his/her age
- ☐ Does know his/her parents name
- ☐ Does know his/her address

### Social Skills

- ☐ Is beginning to wait his/her turn to do things
- ☐ Shares belongings
- ☐ Uses his/her words instead of being physical when upset
- ☐ Does he/she express feelings and needs with words
- ☐ Can he/she follow simple two-step directions
- ☐ Does he/she finish one task before starting another
- ☐ He/she can adjust to new situations
- ☐ Demonstrates increasing self-control

### Motor Skills

- ☐ He/she dresses self: zip or button up coat, put on shoes, socks and able to tie own shoes
- ☐ He/she uses eating utensils properly
- ☐ He/she is able or is beginning to hold crayons and pencils properly
- ☐ He/she traces or draws lines
- ☐ He/she is beginning to cut with blunt scissors
- ☐ He/she can run, jump and walk in a straight line
- ☐ Bounces, kicks, throws and tries to catch a ball

### Academic Skills

- ☐ Can you or others understand your child when he/she speak - talks in sentences
- ☐ He/she can retell simple events from a story he/she has heard
- ☐ He/she can identify basic colors: red, blue, green and yellow
- ☐ Understands concept words such as in, out, up, down, on, under, over
- ☐ Recognizes and identifies letters of the alphabet
- ☐ He/she can recognize shapes
- ☐ He/she can recognize numbers 1 to 10
- ☐ He/she can identify body parts: arm, leg, eyes, fingers, nose, mouth, head and toes

## Volunteering at Biidaaban Kinoomaagegamik

If you are interested in volunteering to help in your child's class or on class outings such as sporting events, the fall harvest, ice fishing, sugar bush visit, Ritchie Falls overnight excursions, year-end school trips etc., you will need to submit a clear Vulnerable Sector Check (VSC) to the office.

If you wish to start the process you will need to

1. Ask for a letter from the principal confirming you are making a request to help at the school. This will waive the fee when you submit your forms to APS or the OPP.
2. Take your letter to the APS office and complete a Vulnerable Sector Check (VSP) application.
3. Wait several weeks and return to the APS or OPP office to pick up your VSC.
4. Submit a copy of the VSC to the school principal.

### The chart below should help you identify if you need a vulnerable Sector Check

Category	Definition	Vulnerable Sector Check
Required		
Parent/Caregiver Visitor	Parental involvement in parental engagement activities throughout the school year i.e. Family Math, Literacy, Anishnaabemowin days, Open Houses, Mother's Day Tea, Poetry Café etc.	Not required
Invited Guest Speaker/presenter	Provides enhancement to student academic or social programming	Not Required
Chaperone, including one on one	Assisting with supervision of your child and/or other children at events such as: sugar bush, fall harvest, swimming, overnight/year end trips	Required
Professional Service Providers	Speech and Language, OT/PT, Behaviour Intervention etc.	Attestation Required
Student Placement	A student placement engaged in learning, especially one enrolled in school (paid or unpaid) or on a summer placement	Required

We strongly encourage you to take the time to make the application for a VSC as we need parents involved in their child's education here at Biidaaban Kinoomaagegamik.