

# NORTHERN LIGHTS SECONDARY SCHOOL REGISTRATION FORM



**Aboriginal Self Identification:**

Is this student of First Nation, Metis or Inuit descent?      Yes      No

Legal Surname:	Legal First Name:	Middle Name (s):
Preferred Name: First      Middle  Other _____	Date of Birth: M:      D:      Yr:	Gender Female      Male Identify in Another Way Undisclosed
Street & Mailing Address: P.O. Box: Street:	City: Moosonee Moose Factory	Home Phone Number:
Do you have any siblings attending NLSS?      Yes      No Do they live at the same address?      Yes      No Name(s) :	First Language: English:      Yes      No Other:	Have you previously attended NLSS?  Yes      No  When: _____
School Last Attended:  Location:	Date Last Attended School Anywhere: M:      Yr:	Student lives with: Both parents      Mother Guardian      Father
<b>Parental/Guardian Information</b>	<b>Mother/Guardian</b>	<b>Father/Guardian</b>
<b>Name</b>		
<b>Home Phone</b>		
<b>Cell Phone</b>		
<b>Email Address</b>		
<b>Work Phone &amp; Extension</b>		
Street Address		
P.O. Box		
City & Postal Code		
Employer		
*****		
Emergency Contact Person: <small>*Must be different than Parents/Guardians named above*</small>	Emergency Contact Information Home Number: _____ Work Number: _____ Cell Number: _____	Contact's Relationship to Student: _____

**CONSENT TO PHOTOGRAPH/VIDEOTAPE**

In accordance with the Municipal Freedom of Information Act, 1989, I give consent to have my son/daughter's photo to be used for School record keeping, in any school promotional material, journalistic opportunities (eg. Newspaper, TV, other media) yearbook and Board publications.      Yes      No

**\*\* Acknowledgement and Medical Forms must be completed at same time as Registration Form**

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