

NORTHERN LIGHTS SECONDARY SCHOOL REGISTRATION FORM

Legal Last Name:	Legal First Name:	Middle Name(s):
Preferred Name:	Date of Birth: Month _____ Day _____ Year _____	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> ID in Another Way <input type="checkbox"/> Undisclosed
Student Address: P.O. Box: _____ Street: _____ <input type="checkbox"/> Moosonee <input type="checkbox"/> Moose Factory		First Language: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Cree <input type="checkbox"/> Other: _____
Do you have siblings living at the same address who attend NLSS? <input type="checkbox"/> Yes <input type="checkbox"/> No Name(s): _____	Have you previously attended NLSS? <input type="checkbox"/> Yes <input type="checkbox"/> No Last School Attended: _____	Does this student identify as First Nation, Metis or Inuit? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Citizenship/Immigration Status <input type="checkbox"/> Canadian Citizen Province/Country of Birth: _____ <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Visa (Type: _____) Date of Entry into Canada: _____		Legal Custody: <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Both parents <input type="checkbox"/> Guardian <input type="checkbox"/> Family Services
Guardian Information		
Name		
Relationship to Student		
Home Phone	_____	_____
Cell Phone	_____	_____
Work Phone & Extension	_____	_____
Email Address		
Emergency Contact <i>(Must be different than Parents/Guardians named above)</i>		
Name: _____		Relationship to Student: _____
Cell: _____	Home: _____	Work: _____

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

Parent/Guardian Signature: _____ Date: _____

Required Forms Attached:

- Student Medical Form
- Student Acknowledgement Form
- Guardianship Change Form *if applicable*
- Student Transportation Information Form (MF students only)