

MOOSONEE PUBLIC SCHOOL - REGISTRATION FORM

STUDENT'S INFORMATION

Child's Name: _____ Grade: _____
Last Name on Birth Certificate Name, First & Second

Date of Birth: _____ First Nation Metis Inuit Band: _____
 Religion: _____ Band #: _____

Street Address: _____ P.O. Box: _____ Telephone: _____
 Last School Attended: _____ Grade: _____
 Address: _____ City: _____ Telephone: _____

HEALTH HISTORY

Is your child allergic to food, animals or medication? Yes No If yes, what: _____

Does your child have any of the following diseases? Asthma Rheumatic Fever Diabetes
 Epilepsy Bone/Muscle Condition

Does your child wear glasses? Yes No

Hearing Normal? Yes No

Should Physical Education be restricted? Yes No

Additional Medical Information:

FAMILY INFORMATION

Child lives with: Both parents Mother Father Guardian Other: _____

Child's parents are: Married Separated Divorced Other: _____

Custody Restrictions: No Yes, Court Order Attached: Yes No Child is ____ of ____ children

Guardian (if other than parents): _____
Name Relation to Student

EMERGENCY INFORMATION

Mother: _____
Name Employer Phone Number

Father: _____
Name Employer Phone Number

Guardian: _____
Name Employer Phone Number

Contact Person In Case of an Emergency (Must reside in the same community as student/s):

Name Relationship to Student Phone Number

CONSENT

In the EVENT OF AN EMERGENCY, I give permission to have my child taken to the clinic if neither parent is available at the time of the accident.

X _____
Signature of Parent Date

I hereby give consent for the above information to be shared with the proper school personnel and the Public Health Nurse.

X _____
Signature of Parent Date

OFFICE USE ONLY - OFFICE USE ONLY - OFFICE USE ONLY

Grade: _____ Teacher: _____ Bus Student: Not Req'd. Base Across the bridge

OSR Request: _____ OSR Rec'd: _____ Immunization: _____

Baptism/Live/Birth Certificate Status Card Health Card