



CHAMPAGNE AND AISHIHIK FIRST NATIONS

This form serves as an aid to our Education Support Workers, in the good keeping, and accuracy of their records.

STUDENT INFORMATION FORM

(To review and update with Parents/Guardians when they apply for School Supply Funding)

Date:	School Attending:	
STUDENT PERSONAL INFORMATION		
Student's last name:	First:	Middle:
Student's Dan Ke name or First Nation name :		
Birth date: / /	Age :	Self-identified gender :
C.A.F.N. Enrolled Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No C.A.F.N. Non Enrolled Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Clan /Moiety : Crow: <input type="checkbox"/> Wolf: <input type="checkbox"/>	
Mother's name: Father's name: Legal Guardian:	Other siblings living in same home <input type="checkbox"/> Yes <input type="checkbox"/> No # _____ siblings Ages: _____	
Main contact name:		
Cell Ph. # ()	Work Ph. # ()	Home Ph. # ()
Student main mailing / residence address: Street: P.O. BOX: City: Postal Code:		Other mailing address Street: P.O. BOX: City: Postal Code:
Main e-mail address: _____@_____ Student e-mail address: _____@_____ Other e-mail address: _____@_____		Would you like to be added to our group mailing list to obtain the Education Department Newsletter, general information, student's opportunities such as events or bursaries? (your e-mail address will remain confidential) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No



CHAMPAGNE AND AISHIHIK FIRST NATIONS

HEALTH INFORMATION			
Allergies:			
Medical Conditions:			
Is Student currently taking any Prescription Medications or Supplements? <input type="checkbox"/> Yes <input type="checkbox"/> No Specify:			
IN CASE OF EMERGENCY			
Name of local friend or relative (not living at same address):	Relationship to student:	Home phone no.: ()	Work phone no.: ()
Name of local friend or relative (not living at same address):	Relationship to student:	Home phone no.: ()	Work phone no.: ()
ONLY FOR SECONDARY SCHOOL STUDENTS			
Best way to contact your child			
<input type="checkbox"/> In school by call on the Public Announce system (PA) <input type="checkbox"/> Text message, if so, please provide your child cell phone number. <u>For all text message sent on your child cell phone, a copy will be sent to parents/guardian cell phone number as well</u>			
Student's name:		Cell Ph. # () -	
<input type="checkbox"/> E-mail, if so, please provide your child e-mail address. <u>For all e-mail send by ESW to your child, parents/guardian will always be in C.C.:</u>			
EDUCATION INFORMATION			
Is this student transferring to/from another school or Territory/Province? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, please provide School Name, Town/City, Prov./ Ter.: _____			
Subject's Student excels in:			
Subject's that require extra support:	External Support involved? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please clarify:		Name of organization that provided extra support:
Behavioral Assessment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does student have IEP (Individual Learning Plan) in progress?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Student supports being used at school: If, yes please list the support:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Cultural Interest:			
Comments or areas of identified needs :			
Parent / Legal Guardian signature:			Date



CHAMPAGNE AND AISHIHIK FIRST NATIONS

TO BE FILLED OUT BY ESW

<p>CAFN Consent form signed?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Validity:</p> <p><input type="checkbox"/> 1 year: (date of end of validity) _____</p> <p><input type="checkbox"/> Until graduation (estimated date of end of validity): _____</p>				<p>School Supply Funding requested?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Special Circ. Funding requested?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Details _____</p> <p>Board & Room Funding requested?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Tutoring Funding requested?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Kindergarten – Elementary</p> <p>Grade: Year:</p> <p>Grade: Year:</p> <p>Grade: Year:</p> <p>Grade: Year:</p> <p>Grade: Year:</p> <p>Grade: Year:</p> <p>Grade: Year:</p> <p>Grade: Year:</p> <p>Grade: Year:</p> <p>Grade: Year:</p>		<p>Secondary</p> <p>Grade: Year:</p> <p>Grade: Year:</p> <p>Grade: Year:</p> <p>Grade: Year:</p> <p>Grade: Year:</p> <p>Grade: Year:</p> <p>Grade: Year:</p>				
<p>ESW signature _____</p>		<p>Date _____</p>				
<p>Last updated</p> <p>Date _____ initials _____</p> <p>Date _____ initials _____</p> <p>Date _____ initials _____</p> <p>Date _____ initials _____</p> <p>Date _____ initials _____</p> <p>Date _____ initials _____</p>						