



CHAMPAGNE AND AISHIHIK FIRST NATIONS

This form serves as an aid to our Education Support Workers in keeping accuracy of their records

STUDENT INFORMATION FORM

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

Date:			
Primary Care Provider (We Issue Cheque To Primary Care Giver.)			
Name:		Email Address:	
Physical Residence of Child(ren):			
Mailing Address:			
Telephone: (Cell)		(Work):	
Other Parent or Caregiver Information			
Name:		Email Address:	
Physical Residence:			
Mailing Address:			
Telephone: (Cell)		(Work):	
Add me to the mailing group list to obtain the Education Department Newsletter, general information, and student opportunities such as events or bursaries. (Your e-mail address will remain confidential.)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you applying for school funding? <input type="checkbox"/> Yes / <input type="checkbox"/> No			
IN CASE OF EMERGENCY			
Name Of Local Friend Or Relative:	Relationship to Student:	Home Phone #: ()	Work Phone #: ()
Name Of Local Friend Or Relative:	Relationship to Student:	Home Phone #: ()	Work Phone #: ()
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. () _____			
Every text message sent to your child's cell phone, a copy will be sent to parents/guardians phone number			
<input type="checkbox"/> E-mail, if so, please provide your child email address. For all email send by ESW to your child, parents/guardian will always be in C.C.:			

PLEASE NOTE: Finance Department mail the cheque, so please ensure the correct mailing address is on this form. If you do not receive your check within 2-4 weeks, please contact your Education Support Worker. If the form is incomplete, there will be a delay in funding and services.

*CAFN Enrolled Citizen – is eligible to be enrolled in accordance to the CAFN Final Agreement – Chapter 3; and Section 5.1 (a) and 5.1(b) of the CAFN *Āghàatān* Enrollment Act. Enrolled citizens are considered beneficiaries.

**Non-Enrolled Citizen – a CAFN citizen who is not entitled to be enrolled under the CAFN Final Agreement – Chapter 3; but they have Indian Status with CAFN. Non-enrolled citizens are considered non-beneficiaries.

STUDENT INFORMATION		
Student Last Name:	First Name:	Birthdate: (DD/MM/YYYY)
School:	Grade:	
Dan K'e Name: _____ Meaning: _____	Self-Identified Gender: <input type="checkbox"/> Female/ <input type="checkbox"/> Male/ <input type="checkbox"/> Other:	
Clan: <input type="checkbox"/> Wolf/ <input type="checkbox"/> Crow/ <input type="checkbox"/> Other _____	<input type="checkbox"/> CAFN Enrolled Citizen	<input type="checkbox"/> CAFN Non Enrolled Citizen
Is this student transferring to/from another school or Territory/Province? <input type="checkbox"/> Yes / <input type="checkbox"/> No If Yes, please provide the School Name, Town/City Province/Territory: _____		
Behavioral Assessment: <input type="checkbox"/> Yes/ <input type="checkbox"/> No	Have IEP (Individual Learning Plan) in Progress? <input type="checkbox"/> Yes / <input type="checkbox"/> No	
Subject's Student Excels:	Subject's Student Need Support:	
External Support Involved. <input type="checkbox"/> Yes / <input type="checkbox"/> No	If Yes, Name Organization:	
Cultural Interest:		
Comments or Areas of Identified Needs:		

Student Last Name:	First Name:	Birthdate: (DD/MM/YYYY)
School:	Grade:	
Dan K'e Name: _____ Meaning: _____	Self-Identified Gender: <input type="checkbox"/> Female/ <input type="checkbox"/> Male/ <input type="checkbox"/> Other:	
Clan: <input type="checkbox"/> Wolf/ <input type="checkbox"/> Crow/ <input type="checkbox"/> Other _____	<input type="checkbox"/> CAFN Enrolled Citizen	<input type="checkbox"/> CAFN Non Enrolled Citizen
Is this student transferring to/from another school or Territory/Province? <input type="checkbox"/> Yes / <input type="checkbox"/> No If Yes, please provide the School Name, Town/City, Province/Territory: _____		
Behavioral Assessment: <input type="checkbox"/> Yes/ <input type="checkbox"/> No	Have IEP (Individual Learning Plan) in Progress? <input type="checkbox"/> Yes / <input type="checkbox"/> No	
Subject's Student Excels:	Subject's Student Need Support:	
External Support Involved. <input type="checkbox"/> Yes / <input type="checkbox"/> No	If Yes, Name Organization:	
Cultural Interest:		
Comments or Areas of Identified Needs:		

***Print out another page for additional children.**

**CONSENT FOR CAFN EDUCATION STAFF TO WORK WITH YOUR CHILD AND FOR RELEASE OF
PERSONAL INFORMATION**

This may involve working with confidential materials such as the following:

- Yes No I hereby consent to CAFN education staff providing support and programs for my child(ren) at any school they are attending.
- Yes No I hereby give consent to CAFN education staff to communicate with teachers, school administration, other service providers and other CAFN staff (*Employment and Training Officer; Post-Secondary Officer; CAFN Case Manager, Community Wellness*) in matters related to my child (ren) within any of the Yukon schools.
- Yes No I hereby consent that CAFN education staff communicate private information to its affiliates to ensure eligibility for scholarships, award nominations, and partnerships (e.g., *Dakwakada Capital Investments, CA Trust, etc.*).
- Yes No I provide consent for the release of my child(ren)'s educational records to enable the Yukon Department of Education to provide data to the Champagne and Aishihik First Nations Government, as follows:
- Yes No Release of attendance records (may be used to support regular attendance at school).
- Yes No Release of individualized reports from teachers, counsellors and administrators. The reports include IEPs, behavioural plans, student support plans, school incident reports, etc.
- Yes No Release of reports cards and transcripts.
- Yes No The ESW can advocate for my child(ren) and myself. This includes attending school meetings, disciplinary meetings, and meetings with other agencies (your ESW will sit in on your behalf, take notes, and relay information back to you).
- Yes No List any other subjects/materials you would like your ESW to have access to below:

All the information provided is kept confidential, and access to these documents is restricted to the CAFN Director of Education and staff on an as-needed basis.

This consent form is valid for (please choose one of the options below):

- 1 year from the signing date**
 From the signing date until my child(ren) graduates

If at any time I wish to withdraw this consent, I will submit a letter to the Director of Education or the Education Support Worker indicating my withdrawal and for which student(s).

Name of Children	Date of Birth (D/M/Y)	School and Grade

Print Parent/Guardian Name:

Signature of Parent/Guardian:

Date:

Consent for release of personal information to Indigenous Services Canada



As of February 10, 2025, any Indigenous child accessing Jordan's Principle funding or services directly or via group application is now required to provide their personal information. In order to comply with this requirement, Champagne and Aishihik First Nation (CAFN) seeks the following information. This information will only be used to meet submission requirements for funding proposals submitted to Jordan's Principle. CAFN will submit information directly to Indigenous Services Canada, ensuring that no CAFN information is accessible to any third parties who may assist with funding submission.

NAME OF CHILD _____

FIRST NATION _____

DOB _____ STATUS OR CITIZENSHIP NUMBER* _____

PROGRAM OR SERVICE CHILD WILL BE ACCESSING _____

If the child does not have a status or citizenship number, please provide the name and status/citizenship number of a parent or grandparent.

PARENT/GRANDPARENT NAME

STATUS OR CITIZENSHIP NUMBER

** If you do not have either of these numbers, please get written confirmation from your First Nation and attach to this form.*

Champagne and Aishihik First Nation (CAFN) will only provide this information to Indigenous Services Canada as part of a Jordan's Principle application. CAFN will not provide this information to any government entities or to any other service providers.

I understand that I can withdraw or revoke my consent by providing written notice to CAFN.

As the legal guardian of _____, NAME OF CHILD

I authorize Champagne and Aishihik First Nation to provide the above information to Indigenous Services Canada.

PARENT/LEGAL GUARDIAN NAME RELATIONSHIP TO CHILD _____

SIGNATURE DATE _____

