AHKWESÀHSNE MOHAWK BOARD OF EDUCATION

Ie thi ha hon:nien – We make the road for them

Student Information Form 2024/2025

Please circle the school that your child will be attending: AMS   Kanatakon   Tsi Snaihne

Surname:_____

Given Names: _____ Band # _____

Mohawk Name _____ Clan _____

Gender_____   Date of Birth _____   Grade _____

Civic Address_____ Apt _____

City_____   Province _____ Postal Code _____

MailingAddressifdifferent_____

Born outside Canada _____   Is English First Language _____

Who has primary custodial care of this child: _____

Are there legal documents listing custody arrangements?   Yes □   No □

If Yes, a copy of the custody document must be provided

Please indicate who will be the primary contact: Mother □   Father □

Mother Information	Father's Information
First Name_____	First Name_____
Last Name_____	Last Name_____
Day Phone#_____	Day Phone#_____
Cell#_____	Cell#_____
Email: _____	Email: _____
Work#_____	Work#_____
Employer Name_____	Employer Name_____

Guardians Information (if needed)

First Name_____	First Name_____
Last Name_____	Last Name_____

Please complete only if Mother's □   or Father's □   address is different from the child

Address_____	Address _____
City_____ Prov. _____	City _____ Prov. _____
Postal Code_____	Postal Code_____

Emergency Contact numbers not already listed above

Name & Phone No._____

Name & Phone No._____

Name & Phone No._____

*** PLEASE BE ADVISED 518-333-#### CAN NOT BE CALLED FROM SNYE AND KANATAKON SCHOOLS

MEDICAL INFORMATION

Student Medical Information   **Doctor Contact Information**

Medical Concern   Yes   No   **Name:** _____

Health Card #_____   **Phone#** _____

Card Expiration Date_____

Medical Conditions/Allergies/Concerns

Prescribed Medication (if needed)	Dosage

If I cannot be reached in case of an emergency, I hereby authorize the Principal or

designate to accompany my child to the nearest emergency facility.

Signature of Parent or Guardian   Date

* A DIGITAL NAME TYPED IS CONSIDERED A LEGAL SIGNATURE

Please list all children in your family beginning with the oldest Child.	
Name	**School**

TRANSPORTATION

Transportation is a privilege and I will have only one pick up and drop off stop for my child.

My child's pick up and drop off stop is:

_____