

AHKWESAHSNE MOHAWK BOARD OF EDUCATION

Student Registration Form 2022-2023

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 _____

Mailing Address if different _____

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. _____

CONSENT FORM

Please Note: One consent form is sufficient to cover K3 to Grade 8 attending A.M.B.E. Schools

Community Health Nurses

I give permission to the Community Health Nurses to have access to information that is provided on the Student Information Sheet and to obtain a copy of my child's immunization records.

I also consent for the following: Vision
Hearing
Rapid School inspection for skin conditions

Yes No

Local Field Trip Consent

My child has permission to go on **LOCAL** field trips off the school premises during the school year.

Yes No

Video/Picture Taking

From time to time we take pictures and/or conduct video recordings during school projects/events. We would like your permission to use these pictures and videos on our AMBE/school website and Facebook page.

I give you permission to use photos and video recordings of my child on the AMBE/school website and Facebook page.

Yes No

Name of Student _____

Parent/Guardian Signature: _____

Date: _____



Akwesasne Mohawk Board of Education

Name: _____
Last First Middle

Mohawk Name: _____ Clan: _____

Date of Birth: _____ Band No. _____ Gender _____
Day Month Year

Permanent Address: _____ Mailing Address (if different): _____

Father's Name: _____
Last First Middle

Mother's Name: _____
Last (Maiden) First Middle

Legal Guardian: _____
Last First Middle Relationship

Child's Position in Family: (1st born, 2nd, 3rd, etc.) _____

Other Children in Household: _____ Date of Birth: (D/M/Y)

1.	
2.	
3.	
4.	
5.	

Date Completed: _____ Signature: _____