



Academic Year \_\_\_\_ / \_\_\_\_

Student Status:  New  
 Returning

## HIGH SCHOOL EDUCATION ASSISTANCE APPLICATION

### Section I – Demographic Information

The following documents **MUST** be attached to the EA, or the application will be put ON HOLD:

**Academic Transcript**       **Medical Form**       **Immunization Form**       **Social History Form**

Registry Number (10 digit)	Last Name(s)	Given & Middle Name(s)

**Gender:**  Female       Male  
 D: \_\_\_\_ / M: \_\_\_\_ / Y: \_\_\_\_      \_\_\_\_\_  
Date of Birth      Health Card Number

**Mother:** \_\_\_\_\_ **Father:** \_\_\_\_\_ Parents \_\_\_\_ Guardians \_\_\_\_  
 Do you reside with your Parents/Guardians?  Yes  No      Married \_\_\_\_ Separated/Divorced \_\_\_\_

**Mailing Address:**

**Home Phone:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
**Work Phone:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  Mother  
**Cell Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  Father  
**E-Mail Address:** \_\_\_\_\_

Do you normally reside on reserve?  Yes  No  
 Do you have any dependents?  Yes  No  
 Do you have any legal issues (ie. probation conditions)  Yes  No

Dependent Names	DOB (dd/mm/yy)	Will your Child reside with you?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Emergency/Alternate Contact:**

Name:	Relationship:	Phone Number:

Are you a CFS Ward?  Yes  No  
 Name of Child/Family Services (CFS) Agency

### Section II – Academic History

**Last High School Attended:**      **Number of Credits**

Sioux North       DFC       Other \_\_\_\_\_     

Pelican Falls       Wahsa

### Section III – Current Education Plan

**1<sup>st</sup> Choice:** \_\_\_\_\_      **Location:** \_\_\_\_\_

**2<sup>nd</sup> Choice:** \_\_\_\_\_      **Location:** \_\_\_\_\_

**Grade Applying to:**      **Semester:**      **Do you have a boarding home arranged for your child?**

09       10       Both       Yes       No

11       12       First ONLY      **Name:** \_\_\_\_\_

Second ONLY      **Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

I understand that acceptance into the program is subject to review and acceptance by IFNA officials. I also understand, that being put on a tentative list for an IFNA site does not constitute placement at that particular site. This Education Form must be complete in whole, not in part, before final confirmation of assistance is official.

### Section IV – Student Declaration

- I agree that full disclosure to IFNA on any medical conditions, whether they be physical or mental may affect my education assistance eligibility. I further agree that this information will be shared with my band official representatives or other IFNA representatives under existing IFNA reporting protocol.
- I agree to abide by all the rules and regulations of IFNA. I understand that the consequences of not abiding by the rules and regulations may affect my sponsorship including suspension and termination of funding.
- I intend to work to the best of my ability, attend classes regularly and consistently, abide by school and boarding home rules, and will strive to complete the academic year. I agree to have IFNA report all occurrences, social, academic, and personal, to the designated band officials as required under IFNA policy.

## Section V – Authorization, Release and Indemnity of Parent/Guardian

- We understand and acknowledge that the staff, officers, employees and agents of IFNA act in the place and position of a parent or guardian of my child while my child is in attendance at an IFNA sponsored program. Recognizing this, I authorize each or any of them to provide my child with any medical treatment that they consider to be reasonable or necessary.
- Without limiting the foregoing, I further authorize IFNA to act on my behalf, and on behalf of my child:
  1. To arrange home placement for my child/ward attending Pelican Falls, DFC, or a provincial school.
  2. To transport my child/ward to and from his/her community to the centre in which he/she will be attending school;
  3. To grant permission for my child/ward to travel, as required, to participate in supervised activities organized for students (individual unsupervised travel must be authorized by parent/guardian, in writing, before it will be permitted).
  4. To obtain copies of my child/ward's report cards for the purpose of education assistance and suitable placement in a provincial school.

In consideration of their willingness to assist my child, I release, remise and discharge, indemnify and save harmless IFNA, its Board of Directors, officers, employees and agents from any and all liability, claims or causes of action which may rise by virtue of application or non-application of medical treatment, or by virtue of my child's participation in, or travel to and from, any IFNA sponsored program.

- This authorization is to remain in effect from August to June of each school year, or until it has been cancelled in writing by either party, or the student is discharged or withdraws from the program.

**Parents/Guardian Comments (please comment on placement, social and/or medical history):**

## Section VI – On Reserve Social Counsellor/Band Official

**Social Counselor/Band Official Comments (Please involve Band Officials in recommendation regarding social history and social readiness for placement)**

## Section VII – Consent/Information

- We understand that in order to effectively assist students to achieve academic success and emotional and physical well-being, IFNA requires complete information regarding a student's physical and emotional health and academic achievement. Probation conditions and legal obligations (ie. Court dates) must be disclosed, as well. (hereafter referred to as "information")
- We confirm that the information provided in this document is complete and accurate. We acknowledge and agree that IFNA officers, employees and agents need to share the information amongst each other and with officials of the Band which the student belongs to in order to assist the student.
- Without limiting the foregoing, we acknowledge and agree that IFNA officers, employees or agents may, if they consider it reasonable or necessary, to discuss issues related to the student's academic performance, physical or emotional well-being with the appropriate Band Official and the parents of the student.  
In addition, if a student is absent from his/her boarding home or leaves his/her living quarters without permission, the students absence will be reported to his/her parents and Band officials as per IFNA Reporting Policies.
- We acknowledge that if IFNA, in its discretion, determines that a student's physical or emotional well-being is at risk, IFNA may discharge the student from his/her program.
- We have read and agree to the terms and conditions governing IFNA financial assistance. We understand that all required supplementary documentation must be submitted by the intake deadline date of **March 31** of each year, or second semester deadline date of **November 15** of each year. **If the required supplementary documentation is not provided by the deadline date, the EA may be referred to the next intake date.**
- We the undersigned, agree that all information provided above is accurate and true to the best of our knowledge.

<b>Student Signature:</b>		D: ___/M: ___/Y: ___
<b>Parent/Guardian Signature:</b>		D: ___/M: ___/Y: ___
<b>Band Official Signature:</b>		D: ___/M: ___/Y: ___
<b>IFNA Intake Signature:</b>		D: ___/M: ___/Y: ___

## Section VIII – IFNA Use Only

### Supplementary Checklist

- Medical Documentation
- Academic Documentation
- Personal History

### Approval Priority

- P1 – New
- P2 – Returning
- P3 – Voluntary Withdrawal
- P4 – Health & Safety
- P5 – High Risk

### Site:

- SNHS
- PFFNHS
- DFCHS
- Other \_\_\_\_\_

### Application Status:

- Approved
- Wait list
- Not Approved

### Re-entry Requirements:

- Counseling Agreements/Documents
- Other

Intake Panel Designate/

IFNA Authorizing Signature: \_\_\_\_\_

Database

Clerk Initials: \_\_\_\_\_

Intake#

\_\_\_\_\_