



INDEPENDENT FIRST NATIONS ALLIANCE
EDUCATION SERVICES

EDUCATION OFFICE

24 Bernier Bay, Sioux Lookout, ON P8T 0B1

Tel: (807) 737-1902 | Fax: (807) 737-3501



Email or scan completed applications to education@ifna.ca

Student Status: ☐ Returning

Academic Year: ____ / ____

Deadline for Applications

1st Semester: March 1

2nd Semester: November 10

Returning High School Education Assistance
Application

Section I – Demographic Information

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

☐ Consent Forms ☐ Band Support Letter

Status Card Number (10 digit)		Last Name(s)		Given & Middle Name(s)	
Gender: ☐ Female ☐ Male		Month Day, Year			
		Date of Birth (e.g. July 6, 2010)		Health Card Number	
Legal Guardian:		Relationship to Applicant:			
Legal Guardian:		Relationship to Applicant:			
Mailing Address:		Home Phone:			
		Work Phone:			
		Cell Number:			
		E-Mail Address 1:			
		E-Mail Address 2:			
Do you normally reside on reserve?				☐ Yes ☐ No	
Do you have any dependents?				☐ Yes ☐ No	
Do you have any legal issues (i.e. probation conditions)?				☐ Yes ☐ No	
Are you fully vaccinated for COVID-19?				☐ Yes ☐ No	

Emergency/Alternate Contact (must be different from the guardian(s) listed above)

Name	Relationship	Phone Number

Are you a CFS Ward? ☐ Yes ☐ No

Name of Child & Family Services (CFS) Agency: _____

Section II – Current Education Plan

1st Choice:	Location:	
2nd Choice:	Location:	
Grade Applying To	Semester	Are you applying for a space at an IFNA residence?
☐ 09 ☐ 10 ☐ 11 ☐ 12	☐ Both ☐ First ONLY ☐ Second ONLY	☐ Yes ☐ No

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 completed in whole, not in part, before final confirmation of assistance is official.

Parent/Guardian Signature: _____ Date: _____ DD / MM / YY

Section III – Student Declaration

- ☐ I agree that full disclosure to IFNA of any medical conditions, whether 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 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.

Student Signature: _____

Date: _____ DD / MM / YY

Section IV – 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 attending 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 transport my child/ward to and from his/her community to the centre in which he/she will be attending school.
 2. 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 the parent/guardian, in writing, before it will be permitted).
 3. 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, 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 arise by virtue of the 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 remains in effect from August to June of each school year, or until it is cancelled in writing by either party, or the student is discharged or withdraws from the program.

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

Section V – On Reserve Social Counsellor/Band Official

Social Counsellor/Band Official Comments (please involve Band Officials in the recommendation regarding social history and social readiness for placement):

Section VI – 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 (i.e. court dates) must also be disclosed (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 to which the student belongs 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, 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 student’s 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 of March 1 of each year, or the second semester deadline of November 10 of each year. If the required supplementary documentation is not provided by the deadline, 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.

Student Signature:

Date:

DD / MM / YY

Parent/Guardian Signature:

Date:

DD / MM / YY

Band Official Signature:

Date:

DD / MM / YY

IFNA Intake Signature:

Date:

DD / MM / YY

Section VII – IFNA Use Only

Supplementary Checklist	Approval Priority	Site	Application Status
☐ Medical Documentation	☐ P1 – New	☐ SNHS	☐ Approved
☐ Academic Documentation	☐ P2 – Returning	☐ PFFNHS	☐ Wait List
☐ Personal History Form	☐ P3 – Voluntary Withdrawal	☐ DFCHS	☐ Not Approved
☐ Medical Release of Liability	☐ P4 – Health & Safety	☐ Other:	
☐ Consent to Release Information	☐ P5 – High Risk		

Re-entry Requirements: ☐ Counselling Agreements/Documents ☐ Other:

Note: Please refer to the termination documentation for required documents.

Intake Panel Designate / IFNA Authorizing Signature:

Clerk Initials:

Database Entry:

Intake #:



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Consent to Disclose Personal Health Information

Pursuant to the Personal Health Information Protection Act, 2004 (PHIPA) and the Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. F.31

I, _____ Date of Birth: _____ Month Day, Year _____

hereby consent to and authorize the release and disclosure by (print name of person, agency, or institution):

- 1. _____
- 2. _____
- 3. _____
- 4. _____

of any health, police, or school information, report, document, assessment, record, material, or statement concerning myself to representatives of the Independent First Nations Alliance (IFNA) Secondary Student Services Program and its employees, as may be required for the purpose of my supervision and care while I am attending school under their care.

I understand that I can withdraw my consent in writing at any time and that I can restrict the nature and type of information shared.

This consent is valid for the _____ school year.

_____	_____	DD / MM / YY
Student Name (please print)	Signature	Date
_____	_____	DD / MM / YY
Parent/Legal Guardian (if under 16)	Signature	Date
_____	_____	DD / MM / YY
Witness (IFNA Employee)	Signature	Date



Student Agreement and Acknowledgement Form

IFNA Home Away Program or IFNA Boarding Home Students

KEY POINTS	PARENT INITIALS
All parties agree to work in the best interest of the students.	
The IFNA Education Department Policy Guidebook has been received and reviewed. Each party knows and agrees to their roles and responsibilities, as outlined in the IFNA Education Department Policy Guidebook.	
Students, guardians and IFNA partner communities understand and agree that they do not have to send their children out for school. Students are allowed to remain home and study online if this is more comfortable.	
Each party agrees to the steps required to file any formal complaint, concern, or request for additional support. The Education Leadership in the community will be the first point of contact for all concerns, which must be submitted in writing using the appropriate form.	
Parents, guardians and Community Education Leadership understand that their students are committing to their academics. - The student must be registered in 4 credit courses each semester and remain in good academic standing with grades and attendance. - Education takes priority over extracurricular activities and/or sports. - Failure to focus on academics could result in academic probation or sponsorship being revoked.	

Date: DD / MM / YY School Year / Semester:

Student Name: Signature:

Parent/Guardian Name: Signature:

IFNA Director, Student Services: Signature:

Community Education Contact: Signature:

Boarding Home Parent (if applicable): Signature:

Community Name: