

INDEPENDENT FIRST NATIONS ALLIANCE EDUCATION SERVICES

SIOUX LOOKOUT OFFICE

P.O. Box 5010, 56-D Front Street, Sioux Lookout, ON P8T 1K6
Toll Free: 1-888-253-IFNA | Tel: (807) 737-1902 | Fax: (807) 737-3501



| tudent Status: | ☐ New | Academic Year / | Deadline for Applications: |
|----------------|-----------|-----------------|----------------------------|
| | Returning | | 1st Semester: March 31 |
| | Returning | | 2nd Semester: November 15 |

RETURNING HIGH SCHOOL EDUCATION ASSISTANCE APPLICATION

| Se | ection I – Demographic In | formation | |
|--|--------------------------------------|--|---------------------|
| The following documents MUST be | e attached to the EA, or the applica | ation will be put ON HOLD: | |
| Academic Transcript Conse | nt Forms Immunization For | rm Band Support Letter | |
| | | | |
| Registry # (10 digits) | Last Name(s) | Given & Middle N | ame(s) |
| Gender: □ Female Y: _ | / M:/ D: | | |
| □ Male | Date of Birth | Health Card Number | |
| Guardian: | Relationhsip to a | Applicant: | _ |
| Guardian: | | | |
| Mailing Address: | | 3: | |
| Do you normally reside in your hor Do you have any dependents? Do you have any legal issues (ie. p Are you fully vaccinated for COVID Emergency/Alternate Contact: M | probation conditions) D-19? | ☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes | □ No □ No □ No □ No |
| Name: | Relationship: | Phone Number: | |
| TYMIT I WI | Relationality | T Hone Humber | |
| Are you a CFS Ward? ☐ Yes ☐ | No | | |
| Name of Child/Family Services (Cl | FS) Agency | | |



| S tudent Contact | | | | |
|--|--|--|--|--|
| | Email: | | | |
| Se ction III - Current Education Plan | | | | |
| 1 st Choice: | Location: | | | |
| 2 nd Choice: | Location: | | | |
| Grade Applying to: 09 | Are you applying for a space at an IFNA residence? Yes No If no, do you have a boarding home arranged for your child? Yes No | | | |
| Semester: | Name: Address: | | | |
| □ Both□ First ONLY□ Second ONLY | | | | |
| understand, that being put on | e into the program is subject to review and acceptance by IFNA officials. I also a tentative list for an IFNA site does not constitute placement at that particular site. complete in whole, not in part, before final confirmation of assistance is official. | | | |
| Parent/Guardian Signature: | Y:/M:/ D: | | | |
| 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. | | | | |
| Student Signature: | Y:/ M:/ D: | | | |



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 existion 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: To transport my child/ward to and from his/her community to the centre in which he/she will be attending school. 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). 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, 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 vell-being, IFNA requires complete information regarding a student's physical and emotional health and academ achievement. Probation conditions and legal obligations (i.e. Court dates) must be disclosed, as well. (hereafter eferred to as "information") | | | | demid | |
|---|---|--|---|--|-------------------|
| ── We confirm that the information provided in this document is complete and accurate. We acknowledge and agents IFNA officers, employees and agents need to share the information amongst each other and with officials of Band which the student belongs to in order to assist the student. | | | | | |
| consider it reasonable or necessary emotional well-being with the In addition, if a student is absthe student's absence will be well we acknowledge that if IF | going, we acknowledge and agre sessary, to discuss issues related appropriate Band Official and the sent from his/her boarding home reported to his/her parents and land FNA, in its discretion, determines student from his/her program. | I to the student's ne parents of the s e or leaves his/he Band officials as p | academic tudent. r living qua er IFNA Re | performance, phys arters without perm eporting Policies. | ical or |
| required supplementary docu second semester deadline da provided by the deadline date | o the terms and conditions gove imentation must be submitted b ite of November 15 of each year e, the EA may be referred to the e that all information provided ak | y the intake deadl . If the required s next intake date. | ine date of upplement | March 31 of each yeary documentation | ear, oi is not |
| Student Signature: | | Y: | /M: _ | / D: | |
| Parent/Guardian Signature: | | | | / D: | |
| Band Official Signature: | | | | / D: | |
| IFNA Intake Signature: | | | | / D: | |
| | Section VIII – 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 | |
| | □ P4 - Health & Safety□ P5 - High Risk | □ Other | | | |
| Re-entry Requirements: | | | | | |
| ☐ Counseling Agreements/I | Documents \square (| Other | | | |
| * Note: Plea | ase refer to termination - docum | entation for requi | red docum | ents. | |
| Intake Panel Designate/ | | Database | | Intake# | |

IFNA Authorizing Signature: _____ Clerk Initials: ____

FNA.C/



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Consent to Disclose Personal Health Information Pursuant to the Personal Health Information Protection Act, 2004 (PHIPA) &

Freedom of Information and Protection of Privacy Act, R.S.O 1990,c. F.31

| I, | |
|--|---|
| (Print your name) | (Date of Birth) |
| Hereby consent and authorize the release and dinstitution) | isclosure by (Print name of Person, Agency, or |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| Any Health/Police/School information, report, do statements, concerning myself to representative Secondary Student Services Program, its employ Supervisor and Care while I am attending school I also understand that I can withdraw my consethe nature and type of information shared. | es of, Independent First Nations Alliance (IFNA) yees, as may be required for the purpose of: my of under their care. |
| This consent is considered valid for the | school year. |
| Student Name (Please Print) | Signature |
| Parent/Legal guardian (If under 16) | Signature |
| Witness (IFNA Employee) | Date |



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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 they do not have to send their kids 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 to sponsorship being revoked. | |

| Date (yy/mm/dd): | _ School Year / Semester: |
|--|---------------------------|
| Student Name: | Signature: |
| Parent/Guardian Name: | Signature: |
| IFNA Director, Student Services | Signature: |
| Community Education Contact: | Signature: |
| Community Name: | |
| Boarding Home Parent (if applicable | e): Signature: |