



Lakehead
Public
Schools

TERRITORIAL STUDENT PROGRAM: Student Information

APPLICATION FORMS

To be completed and returned

2017 - 2018

Your Children Our Students The Future



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STUDENT INFORMATION * Required

Student Name _____ Date of Birth _____

MM/DD/YYYY

Home Address * _____

Home Telephone * _____ Cel*I _____

Email Address * _____ Messenger ID _____

FAMILY INFORMATION * Required for Sending/Receiving Field Trip and Athletics Consent Forms

Father's Name _____

Mother's Name _____

Address Same as Student Information above _____

Address Same as Student Information above _____

Home Telephone # * _____

Home Telephone # * _____

Mobile # * _____

Mobile # * _____

Email Address * _____

Email Address * _____

Fax # * _____

Fax # * _____

Employer _____

Employer _____

Work Telephone # * _____

Work Telephone # * _____

Languages Spoken _____

Other Children At Home	Name	Age	Grade
	_____	_____	_____
	Name	Age	Grade
	_____	_____	_____
	Name	Age	Grade
	_____	_____	_____
	Name	Age	Grade
	_____	_____	_____

Alternate Contact Person (preferably in Thunder Bay) _____

Contact Person Telephone _____



STUDENT MEDICAL INFORMATION

Health Card Number Expiry Date _____

Family Doctor _____ Doctor Telephone _____

Address _____

Band Name and Number (if applicable) _____

Status Card Number _____ Expiry Date _____

Dentist _____ Dentist Telephone # _____

Does the student wear glasses? YES NO

If YES, Optometrist _____ Optometrist Telephone # _____

Are there any health concerns

(i.e., heart, hearing, vision, asthma, diabetes, epilepsy, etc.)

YES NO If YES, complete _____

Medication(s)

YES NO If YES, complete _____

Recent Operations, if any

YES NO If YES, complete _____

Allergies

YES NO If YES, complete _____

Eating Habits and Appetite _____

Immunization Records are with: _____

Please indicate all childhood diseases, if any (i.e., measles, mumps, chicken pox, whooping cough, etc.)

Dates of appointments during the school year

Medical Eyes Dental Other _____

With which of the above appointments, if any, do you require Territorial Student Program transportation assistance? Please note advanced notice is required.

Medical Dental Eyes Other _____

TERRITORIAL STUDENT PROGRAM



STUDENT MEDICAL INFORMATION

Comments, please provide additional information if required.

COMMUNITY AGENCY/SERVICE INVOLVEMENT

Check (✓) if involved with:	Worker	Contact #
<input type="checkbox"/> Family and Children’s Services	_____	_____
<input type="checkbox"/> Ministry of Community and Social Services	_____	_____
<input type="checkbox"/> Probation and Aftercare	_____	_____
<input type="checkbox"/> Other Please specify		



SPECIFIC STUDENT GUIDELINES - to be completed by parent/guardian

School Night Curfew _____ Weekend Curfew _____

Activities to be encouraged _____

Part-time job YES NO

Other expectations _____

SCHOOL INFORMATION

Current School _____ Grade _____

Study Habits _____ Behaviour _____

Favourite Subject(s) _____

Interests and Hobbies at School _____

Comments Please provide additional information: _____

OTHER INFORMATION _____

Interests and Hobbies at Home _____

Attitude regarding chores at Home _____

What is the best way to help him/her with problems _____

RELATIVES IN THUNDER BAY (Name, Address, Telephone)



Student Name _____

CONSENT TO RECORD INFORMATION

I hereby consent to the recording of information about my child/ward named above by a Territorial Student Program Counsellor, and to the sharing of this information with appropriate boarding home guardians.

✓ _____	✓ _____
Parent/Guardian Signature	Witness
Date _____	Date _____

EMERGENCY CONSENT

In the event that I, _____ cannot be contacted, I authorize the
(Parent/Guardian Name)
Counsellor of the Territorial Student Program to arrange medical care for my child/ward named above.

This care may be any form of hospitalization, medical, surgical, dental or diagnostic treatment, the administration of an anesthetic, recommended by and under the care of a qualified medical or dental practitioner. This consent remains in effect as long as my child/ward in participating in the Territorial student program.

✓ _____	✓ _____
Parent/Guardian Signature	Witness
Date _____	Date _____

CONSENT TO RELEASE STUDENT INFORMATION (Academic and Attendance)

I, _____, hereby direct and authorize the teachers and administration of the Lakehead District School Board to release to a designated counsellor all information concerning my attendance, performance and behaviour in school. This authorization is to remain in effect for as long as I remain enrolled in the Territorial Student Program (TSP) as a student.

✓ _____	_____
Student Signature	Date
✓ _____	_____
Parent/Guardian Signature (for students under 18 years of age)	Date



CONSENT TO RELEASE INFORMATION (PHOTOGRAPHIC IMAGE)

This authorization form is in addition to the annual school student release form signed at the beginning of the school year

Student Name _____

School _____

I, _____, authorize the Lakehead District School Board to release
(Parent/Guardian Name)
the photographic image of the individual identified above, for the promotion of Lakehead District School Board programs, initiatives and special projects.

The photographic image will accompany information about Lakehead District School Board initiatives and may appear in or on publications, video, websites, and/or exterior media (billboards, bus shelters, etc.).

 I do not authorize the Lakehead District School Board to use the photographic image of the above named individual for promotional purposes.

Signature of Parent/Guardian ✓ _____
(Not required if individual is 18 or older)

Date _____

Signature of Student ✓ _____

Date _____

*Return completed form to school.
To be filed with person responsible for photographic image use.*

TERRITORIAL STUDENT PROGRAM



CONSENT TO RELEASE INFORMATION (STUDENT/FAMILY INFORMATION)

This authorization form is in addition to the annual school student release form signed at the beginning of the school year

Student Name _____

School _____

I, _____, authorize the Lakehead District School Board to release
(Parent/Guardian Name)
student information to the Boarding Home Guardian provided in the Territorial Student Program Student Information Forms. The authorization shall stay in effect for as long as the student is enrolled in school and is eligible for the Territorial Student Program.

Signature of Parent/Guardian ✓ _____

Date _____

Signature of Student ✓ _____

Date _____

*Return completed form to school.
To be filed with person responsible for photographic image use.*

TERRITORIAL STUDENT PROGRAM



CONFIRMATION OF RESPONSIBILITY

FOR PRIVATE ARRANGED HOME ONLY

PARENT/GUARDIAN OF STUDENT

I/we _____ (Name of Parent(s) or Guardian(s) solemnly
declare that _____ (Name of Boarding Guardian(s) at
_____ (Address of Boarding Home) will be providing room
and board for _____ (Name of Student) commencing on
_____ (starting date.)

I/we fully understand that the person(s) named above are responsible for providing the necessary arrangements for the care and support of the said student in place of myself/ourselves in times of emergency, such as when medical attention or intervention is required, but also for day-to-day care and supervision of the Student as appropriate.

I/we the undersigned are in agreement that the above named boarding home guardian is responsible for the care and support of the named Student and this responsibility cannot be assigned or transferred to another boarding home guardian at a different address without written consent by the Lakehead District School Board.

I/we acknowledge that the selection of this boarding home and its boarding home guardian was selected by me/us and is a private arrangement between me/us and the boarding home guardian. Lakehead District School Board is not party to this contract and agreement and assumes no responsibility.

I/we acknowledge I have read, understand and agree to abide by the rules, regulations and procedures provided in the Territorial Student Program: Boarding, Lodging, and Transportation Guide booklet for Parents, Guardians, and Home Boarding Guardians and the above statements.

Signature of Parent/Guardian 1 _____

Date _____

Signature of Parent/Guardian 2 _____

Date _____

TERRITORIAL STUDENT PROGRAM