

TERRITORIAL STUDENT PROGRAM

Student Information

APPLICATION FORMS

To be completed and returned



Committed to the success of *every student*

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Student Information

*** Required**

Student Name:	
Home Address:	Postal Code:
Home Telephone #:	Mobile Telephone #:
Email:	Messenger ID:

Family Information

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

Guardian 1 Name:	
Address: <input type="checkbox"/> Same as student above	Postal Code:
Email:	Home Telephone #:
Occupation:	Mobile Telephone #:
Present Employer:	Work Telephone #:
Language(s) Spoken:	

Guardian 2 Name:	
Address: <input type="checkbox"/> Same as student above	Postal Code:
Email:	Home Telephone #:
Occupation:	Mobile Telephone #:
Present Employer:	Work Telephone #:
Language(s) Spoken:	

Other Children At Home

Name:	Age:	Grade:

Alternate Contact Person (preferably in Thunder Bay) _____

Contact Person Telephone: _____

Student Information

Student Name: _____

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 Eyes Dental Other _____

Student Information

Student Name: _____

Student Medical Information

Comments, please provide additional information if required

Community Agency/Service Involvement

Check (✓) if involved with:

Worker

Contact#

Family and Children's Services

Ministry of Community and Social Services

Probation and Aftercare

Other Please specify: _____

Student Information

Student Name: _____

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 their with problems: _____

Relatives In Thunder Bay

Name:	
Address:	Postal Code:
Home Phone:	Cell Phone:

Name:	
Address:	Postal Code:
Home Phone:	Cell Phone:

Name:	
Address:	Postal Code:
Home Phone:	Cell Phone:

Consent - to be completed by parent/guardian

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

Date

Witness

Date

Emergency Consent

In the event that I, _____ cannot be contacted, I authorize the Counsellor of the Territorial
(Parent/Guardian Name)

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

Date

Witness

Date

Consent To Release Student Information (Academic And Attendance)

I, _____, hereby direct and authorize the teachers and administration of the Lakehead
(Parent/Guardian or Student Name)

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

Authorization For Release Of Photographic Image For TSP

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 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.

Student Signature

Date

Parent/Guardian Signature
(for students under 18 years of age)

Date

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

Authorization For Release Of Student Information For TSP

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 student information
(Parent/Guardian Name)

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.

Student Signature

Date

Parent/Guardian Signature

Date

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

Confirmation Of Responsibility

Student Name: _____

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 Parent/Guardian 1

Date

Signature Parent/Guardian 2

Date