

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:
Name:	Age:	Grade:
Name:	Age:	Grade:
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#
<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: _____	_____	

# 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

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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

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### 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 is participating in the Territorial student program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

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### 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.).

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

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## 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

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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