

KAWENNI:IO/GAWENI:YO PRIVATE SCHOOL

R R 6, 3201 Second Line Road, Hagersville, ON N0A 1H0 Phone: (905)768-7203 Fax: (905)768-7150

APPLICATION FORM 2021-2022



Application for Admission: I hereby make an Application for Admission to Kawenni:io/Gaweni:yo Private School, subject to the rules and regulations of the school, for:

Last Name:		First Name:		Middle Name:	
Onkwehonwe Name:			Nation:		Clan:
Onkwehonwe Name Meaning:					Sex: <input type="checkbox"/> M <input type="checkbox"/> F
10-Digit Band Number:			Band Name:		
Home Address:			Mail Address: (or N/A)		
City:		City		Province	Postal Code
Province:		Postal Code:	Home Phone #:		Birthdate (YYYY MM DD):
Grade Entered:	Language Program: <input type="checkbox"/> Mohawk <input type="checkbox"/> Cayuga		Do you attend Longhouse? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please specify: _____					

PARENT / GUARDIAN INFORMATION

Mother's Name		Work Phone	
Address		Mobile Phone	
Mother's Email			
Father's Name		Work Phone	
Address		Mobile #	
Father's Email			

EMERGENCY CONTACT INFORMATION

Contact 1 Name		Relationship	
Contact's Home #		Contact's Mobile #	
Contact 2		Relationship	
Contact's Home #		Contact's Mobile #	

EMERGENCY EVACUTIONS INFORMATION

In case of an emergency school closure, my child will:

Go home on the bus

Stay at school to be picked up

Phone me at home/work: Home # _____ Work # _____

******* Student Applications for Admission will not be accepted without the following documentation *******

- Birth Certificate
 Status Card (front & back)
 Health Card
 Immunization Record
 School Messenger Form
 Bus Registration Form

(please complete both sides of the form)

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APPLICATION FORM



MEDICAL INFORMATION		
Doctor's Name	Doctor's Phone #	Health Card #
Allergies: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please specify:	
Medical Conditions: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please specify:	

PERMISSION FOR MEDICAL TREATMENT: In case of an accident or illness of my child while at school, I agree to allow the staff of Kawenni:io/Gaweni:yo Private School to obtain necessary medical attention: Yes No

EDUCATION BACKGROUND	
Previous School/Day Care Attended: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of School/Day Care:
Prior Language: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please specify:
Does Student have an IEP: <input type="checkbox"/> Yes <input type="checkbox"/> No	Permission for Kawenni:io/Gawenni:yo School Board Contact : <input type="checkbox"/> Yes <input type="checkbox"/> No

HEALTH/EDUCATIONAL SERVICES	
<p>Please indicate if your child is or has received the following services</p> <ul style="list-style-type: none"> <input type="checkbox"/> Birthing Centre <input type="checkbox"/> Children's Health Team <input type="checkbox"/> Healthy Babies/Healthy Living <input type="checkbox"/> Early Childhood Development <input type="checkbox"/> Counselling 	<p>Reason for referral:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech and Language Therapy <input type="checkbox"/> Psychoeducational Assessment <input type="checkbox"/> Developmental Assessment <input type="checkbox"/> Registered Dietitian <input type="checkbox"/> Other Please Specify: _____

PRINT Parent/Guardian Name	Signature	Date
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PICTURE/IMAGE/VIDEO RELEASE		
<input type="checkbox"/> No, I do not wish for my child to be in any publications <input type="checkbox"/> Yes, I consent to my child to video recording and pictures.		
Kawenni:io/Gaweni:yo Private School takes pictures and video recordings of some of our most important events. These images are then used for the purpose of school publications and/or promotions such as newsletters, curriculum materials, handbooks, annual reports, yearbooks, interactive website, DVD presentations, yearend show, etc. I hereby give Kawenni:io/Gaweni:yo Private School permission to take pictures/videography of this above registered student during his/her school outings or activities which may be used in school publications and/or promotions.		
PRINT Parent/Guardian Name	Signature	Date

Office Use Only – Approval for Registration		Student Number:
Ontario Student Record Request <input type="checkbox"/>	Name of School:	
Family Agreement Signed <input type="checkbox"/> Yes <input type="checkbox"/> No		
Note/Comments:		
Principal's Signature:	Approval Date:	

Kawenni:io / Gaweni:yo Private School

(Elementary & High School)
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Hagersville, ON N0A 1H0
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She:kon/Sge:nog Parents/Guardians,

Kawenni:io/Gaweni:yo Private School uses a service called School Messenger. This is a telecommunications system and a service that provides information to parents about school events, school trips, notifications of non-emergency and emergency school closures. We are requesting parents to fill out the current contact information form for your child/children. School Messenger sends notification via calls to landlines, voice messages, text messages and emails. Please provide the contact information you would prefer to use for the School Messenger system. We will require a primary contact number, a secondary contact number and an email address. Thank you for your cooperation. Page 2 is your copy of the procedures to opt into text messages for School Messenger.

Kawenni:io/Gaweni:yo Private School

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Please return Information



Student Name

Grade

Student Name

Grade

Student Name

Grade

Student Name

Grade

Primary Contact Number

Secondary Contact Number

Email Address

Parents and Guardians

You can take advantage of our Text Messaging Service

Our school utilizes the SchoolMessenger system to deliver text messages, straight to your mobile phone with important information about events, school closings, safety alerts and more.

You can participate in this free service* just by sending a text message of “Y” or “Yes” to our school’s short code number:

For **CANADA-BASED** numbers: **978338**

For **US-BASED** numbers: **61569** (see next page for QR code)

You can also opt out of these messages at any time by simply replying to one of our messages with “**Stop**”.

SchoolMessenger is compliant with the Student Privacy Pledge™, so you can rest assured that your information is safe and will never be given or sold to anyone.



*if your number is Canada-based.

**Opt-In from
your mobile
now!**



**Just send “Y” or
“Yes” to
978338.**

(For Canada-based numbers).

*Terms and Conditions – Message frequency varies. Standard message and data rates may apply. Reply HELP for help. Text STOP to cancel. Mobile carriers are not liable for delayed or undelivered messages. See schoolmessenger.com/txt for more info.

**Kawenni:io/Gaweni:yo Private School
Bus Application Form 2020-2021**



Student Information

Date of Application: _____

Student's Name: _____

Student's Grade: _____ Language Program: Mohawk / Cayuga

Parent's Name: _____

Parent's Contact Number: _____

Are siblings currently registered for the bus? Yes No

If yes list sibling's names: _____

Sibling's Bus Route: _____

Pick Up Address: _____

Drop Off Address: _____

Please Provide Concession Details:

Emergency/Non-Emergency School Closure In the case of a school closure or non-emergency school closure check the following procedure preferred.

- Go home on the bus
- Call parent (phone #) _____
- Call Emergency Contact (phone#) _____

Office Use		
Bus Registration Date:	Bus Route Pick UP:	Bus Route Drop Off:

*** A copy of the bus rules and regulations is attached to this form***



BUS RULES

Students using Buses are responsible to their Principal through the Operators for their conduct on the bus. Riding on the school bus is a privilege, NOT a right.

Students are required to:

1. Abide by the bus driver's instructions.
2. No eating and no littering.
3. Behave in an orderly manner. Do not throw objects.
4. To respect the safety of the other students.
4. Refrain from use of profane, abusive or threatening language on the bus. No swearing.
5. Hands off policy in effect. No fighting.
6. Remain in your assigned seat, facing forward at all times.
7. Keep aisles and doorways clear.
8. Do not damage the bus.

In accordance with Kawenni:io/Gaweni:yo Private School policy and school bus rules & regulations:

- 1.2.1 **Warning** - For the first occurrence, parents will be called and a letter will be sent home which parents must sign before the student gets on the bus the next morning. The student will have a 1 recess taken away.
- 1.2.2 **Final Warning** - For the second occurrence, the student will be given their final warning along with a note for the parents to sign. The note must be signed and sent back in the next day. The student will also have both recess and lunch activities taken away for the 1 day.
- 1.2.3 **Suspension** - For the third occurrence, there will be a 3 day suspension from riding the bus. Parents will be called to pick up the student on the day of the suspension. Each time thereafter, the suspension days will increase.

If you have any questions, please feel free to contact the school at 905-768-7203.

Niawen/Nyaweh

Tehota'kerá:tonh Jeremy Green
Principal & Kawenni:io/Gaweni:yo Staff