



Northern Nishnawbe Education Council
Student Services Division
 21 King Street, P.O. Box 1419
 Sioux Lookout ON P8T 1B9
www.nnec.on.ca

Sioux Lookout:
 1-807-737-2002
 1-800-465-3626
 1-807-737-3047 (Fax)
 1-866-999-9795 (Fax)

Deadline for Applications:
 1st Semester: March 31
 2nd Semester: November 15

Academic Year ____ / ____

Student Status: New
 Returning

HIGH SCHOOL EDUCATION ASSISTANCE APPLICATION

Section I – Demographic Information

The following documents MUST be attached to the EA, or the application will be put ON HOLD:

Academic Transcript Medical Form Immunization Form Social History Form

Registry Number (10 digit)	Last Name(s)	Given & Middle Name(s)

Gender: Female D: ____ / M: ____ / Y: ____ _____
 Male Date of Birth Health Card Number

Mother: _____ Father: _____ Parents ____ Guardians ____
 Do you reside with your Parents/Guardians? Yes No Married ____ Separated/Divorced ____

Mailing Address:

Home Phone: _____ - _____ - _____
 Work Phone: _____ - _____ - _____ Mother
 Father
 Cell Number: _____ - _____ - _____
 E-Mail Address: _____

Do you normally reside on reserve? Yes No
 Is your parent/guardian receiving funding from NNEC Post-Secondary Program? Yes No
 Do you have any dependents? Yes No

Dependent Names	DOB (dd/mm/yy)	Will your Child reside with you?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Emergency/Alternate Contact:

Name:	Relationship:	Phone Number:

Are you a CFS Ward? Yes No
 Name of Child/Family Services (CFS) Agency

Section II – Academic History

Last High School Attended: **Number of Credits**

DFC Wahsa Other _____

Pelican Falls KIHS

Section III – Current Education Plan

1st Choice: _____ Location: _____
 2nd Choice: _____ Location: _____

Grade Applying to: **Semester:** **Do you have a boarding home arranged for your child:**

09 10 Both Yes No
 11 12 First ONLY **Name:** _____
 12 Second ONLY **Address:** _____ **Phone:** _____

I understand that acceptance into the program is subject to review and acceptance by NNEC officials. I also understand, that being put on a tentative list for a NNEC site does not constitute placement at that particular site. This Education Form must be complete in whole, not in part, before final confirmation of assistance is official.

Section IV – Student Declaration

- I agree that full disclosure to NNEC 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 NNEC representatives under existing NNEC reporting protocol.
- I agree to abide by all the rules and regulations of NNEC. 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 NNEC report all occurrences, social, academic, and personal, to the designated band officials as required under NNEC policy.

Section V – Authorization, Release and Indemnity of Parent/Guardian

- We understand and acknowledge that the staff, officers, employees and agents of NNEC act in the place and position of a parent or guardian of my child while my child is in attendance at an NNEC 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 the NNEC to act on my behalf, and on behalf of my child:
 1. To arrange educational assistance home placement for my child/ward attending Pelican Falls or DFC;
 2. To transport my child/ward to and from his/her community to the centre in which he/she will be attending school;
 3. 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).
 4. 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 NNEC, 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 NNEC sponsored program.

- This authorization is to remain in effect from August to June of each school year, or until it has been canceled 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 Councillor/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 well being, NNEC requires complete information regarding a student's physical and emotional health and academic achievement. Probation conditions and legal obligations (ie. Court dates) must be disclosed, as well. (hereafter referred to as "information")
- We confirm that the information provided in this document is complete and accurate. We acknowledge and agree that NNEC officers, employees and agents need to share the information amongst each other and with officials of the Band which the student belongs to in order to assist the student.
- Without limiting the foregoing, we acknowledge and agree that NNEC officers, employees or agents may, if they consider it reasonable or necessary, to discuss issues related to the student's academic performance, physical or emotional well being with the appropriate Band Official and the parents of the student.
In addition, if a student is absent from his/her boarding home or leaves his/her living quarters without permission, the students absence will be reported to his/her parents and Band officials as per NNEC Reporting Policies.
- We acknowledge that if NNEC, in its discretion, determines that a student's physical or emotional well being is at risk, NNEC may discharge the student from his/her program.
- We have read and agree to the terms and conditions governing NNEC financial assistance. We understand that all required supplementary documentation must be submitted by the intake deadline date of **March 31** of each year, or second semester deadline date of **November 15** of each year. **If the required supplementary documentation is not provided by the deadline date, the EA may be referred to the next intake date.**
- We the undersigned, agree that all information provided above is accurate and true to the best of our knowledge.

Student Signature:		D: ____ /M: ____ / Y: ____
Parent/Guardian Signature:		D: ____ /M: ____ / Y: ____
Band Official Signature:		D: ____ /M: ____ / Y: ____
NNEC Intake Signature:		D: ____ /M: ____ / Y: ____

Section VIII – NNEC Use Only

Supplementary Checklist	Approval Priority	Site:	Application Status:
<input type="checkbox"/> Medical Documentation	<input type="checkbox"/> P1 – New	<input type="checkbox"/> DFCHS	<input type="checkbox"/> Approved
<input type="checkbox"/> Academic Documentation	<input type="checkbox"/> P2 – Returning	<input type="checkbox"/> PFFNHS	<input type="checkbox"/> Wait list
<input type="checkbox"/> Personal History Form	<input type="checkbox"/> P3 – Voluntary Withdrawal	<input type="checkbox"/> QEDHS	<input type="checkbox"/> Not Approved
	<input type="checkbox"/> P4 – Health & Safety	<input type="checkbox"/> Other _____	
	<input type="checkbox"/> P5 - High Risk		
Re-entry Requirements:			
<input type="checkbox"/> Counseling Agreements/Documents		<input type="checkbox"/> Other _____	
* Note: Please refer to termination – documentation for required documents.			
Intake Panel Designate/	Database	Intake#	
NNEC Authorizing Signature: _____	Clerk Initials: _____		