

STUDENT APPLICATION FORM

Seven Generations Education Institute
Secondary School
P.O. Box 297
Fort Frances, ON P9A 3M6
Ph: 807-274-8569
Fx: 807-274-8761



PERSONAL INFORMATION

Name:	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	Date:
Maiden Name:	Date of Birth:		
Mailing Address:			
Home Address:			
Postal Code:	Telephone Number:		
Last School Attended:			
Grade:	Year:	Credits to Date:	

Academic Goals for 2019 – 2020 School Year:
Status Card #:
Email Address:

Student Signature

Attached

- Copy of Status Card
- Release of Information

- Transcript

**RELEASE
OF
INFORMATION**

**Seven Generations
Education Institute
Secondary School**

P.O. Box 297
Fort Frances, ON P9A 3M5
Phone: 807 274-8569
Fax: 807 274-8761



*I hereby consent to the transfer of my **Ontario Student Record** to the Seven Generations Education Institute Secondary School. It is understood that all information will be used in a confidential manner.*

Student's Signature

Please Print Name

First Name

Middle Name

Last Name

Date of Birth (Day/Month/Year)

Name of Last School Attended

Last Year Attended School

Address

Seven Generations Secondary School agrees to accept responsibility for the record and to use, maintain, transfer and dispose of the record in accordance with the Ontario Student Record (OSR): Guideline, 2000.

*Sean Taggart
Principal*

Date