

# STUDENT APPLICATION FORM

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



## PERSONAL INFORMATION

Name:		Date:
Female: <input type="checkbox"/> Male: <input type="checkbox"/> Prefer not to disclose: <input type="checkbox"/> Prefer to specify: <input type="checkbox"/>		
Maiden Name:	Date of Birth:	
Mailing Address:		
Home Address:		
Postal Code:	Telephone Number:	
Last School Attended:		
Grade:	Year:	Credits to Date:

Academic Goals for 2021 – 2022 School Year:
Status Card #:
Email Address:

## FOR OFFICE USE ONLY

Mature Student: <input type="checkbox"/>	Starting Date at Secondary School:
Credits Required to graduate:	
Comments	

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Band Education Counsellor

Attached

- Copy of Status Card
- Release of Information
- Transcript

<b>CLASSIFICATION</b>			
Mature Student: <input type="checkbox"/>	OSIS: <input type="checkbox"/>	OSS: <input type="checkbox"/>	Potential Grad (six credits or less): <input type="checkbox"/>
FOR BILLING PURPOSES			
Full Time (2.5 Credits or more/semester): <input type="checkbox"/>		Part Time (2 credits or less/semester): <input type="checkbox"/>	
Co-op Ed. Students are considered full time			
Instructor and or Education Counsellor's Considerations/Comments			

**SGSS IS ACCOUNTABLE FOR:**

- √ Student's progress report available on request
- √ Report Cards completed at the end of semesters I and II
- √ Monthly Report completed by the 13<sup>th</sup> of each month

---

**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*