

God's Lake Narrows First Nation School Board



Unit #1, P. O. Box 284
 God's Lake Narrows, MB. R0B 0M0
 Telephone: (204) 335-2499
 Toll Free: 1-888-638-9001
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Continuing Post Secondary Application Form

Section 1 – Personal Information

| | | | |
|--|------|--|--|
| Full Legal Name: | | First Nation & Treaty #: | |
| Name of Institution: | | Program Name/What Year?: | |
| D.O.B. (y/m/d): | SIN: | Medical: | |
| Marital Status: Single _____ Married _____ Divorced _____ Separated _____ Common Law _____ | | | |
| Current Full Address: (address, city, postal code) | | | |
| Phone Number: | | Emergency Contact: (name, address, phone #) | |
| Email Address: | | | |

Section 2 – Family Information

| | | | |
|--|---|-----------------------------|--------------|
| Spouse: | | DOB (y/m/d): | |
| My spouse is: | Living with me full time while at school | YES | NO |
| | Will be attending University/College full time (If yes, who is the sponsor?) | YES | NO |
| | Employed with _____ | YES | NO |
| Dependents names (please circle appropriate answer): | | | |
| 1. _____ | DOB (y/m/d): _____ | Lives/Does not live with me | Grade: _____ |
| 2. _____ | DOB (y/m/d): _____ | Lives/Does not live with me | Grade: _____ |
| 3. _____ | DOB (y/m/d): _____ | Lives/Does not live with me | Grade: _____ |
| 4. _____ | DOB (y/m/d): _____ | Lives/Does not live with me | Grade: _____ |
| 5. _____ | DOB (y/m/d): _____ | Lives/Does not live with me | Grade: _____ |
| 6. _____ | DOB (y/m/d): _____ | Lives/Does not live with me | Grade: _____ |
| 7. _____ | DOB (y/m/d): _____ | Lives/Does not live with me | Grade: _____ |
| 8. _____ | DOB (y/m/d): _____ | Lives/Does not live with me | Grade: _____ |

I certify that the above information is accurate and true to the best of my knowledge.

Student Signature: _____ Date: _____

Witness: _____ Date: _____

****NEW DEADLINE FOR APPLICATIONS WILL BE MAY 15 OF EACH YEAR. PLEASE ENSURE YOUR APPLICATION IS IN BEFORE THE DEADLINE.****

AUTHORIZATION TO RELEASE INFORMATION

I, _____, (PRINT NAME), hereby authorize the release of my personal information (initialed below) to my sponsoring agency, God's Lake Narrows First Nation School Board and/or God's Lake Student Services, at their request for the following:

INSTRUCTIONS: INITIAL EACH CATEGORY THAT IS AUTHORIZED FOR RELEASE.

- _____ Mid Term Grade Reports
- _____ Final Term Grade Reports
- _____ Progress Reports
- _____ Attendance Records
- _____ Transcript to Sponsoring Agency
- _____ Transcript mailed direct to another post secondary institution

I also authorize a counselor to discuss my progress and/or any problems with the contact person for God's Lake Narrows First Nation School Board.

Student Name: _____ Student ID No.: _____

Major Declared: _____ Institution: _____

Length of Program: _____ What year are you in? _____

**** Student:** Please note that if this release form is not signed, it may affect your sponsorship.

Student Signature:

Date:

Witness:

Date:

NOTE: All students are reminded to opt out of the University/College's dental and health plan while registering for courses. Should a student forget to opt out, it will be the student's responsibility to pay for the insurance fees. God's Lake Narrows First Nation School Board will not assume any responsibility at all. **DO NOT FORGET TO OPT OUT OF MEDICAL AND DENTAL INSURANCE.**