



Ahkwehsāhsne Mohawk Board of Education

REGISTRATION FORM

Name: _____
_____ Last _____ First _____ Middle

Mohawk Name: _____ Clan: _____

Date of Birth: _____ Band No. _____ Male / Female
Day Month Year Circle

Permanent Address: _____ Mailing Address (if different): _____

Father's Name: _____
Last First Middle

Mother's Name: _____
Last (Maiden) First Middle

Legal Guardian: _____
Last First Middle Relationship

Child's Position in Family: (1st born, 2nd, 3rd, etc.) _____

Other Children in Household: _____ Date of Birth: (D/M/Y)

1.	
2.	
3.	
4.	
5.	

Date Completed: _____ Signature: _____

Pre-Screening Consent Form – Pre-K & K Students:

I, _____ give permission for my son/ daughter to be pre-screened by the AMBE Personnel.

Parent/ Guardian Signature Date

REQUIREMENTS

OHIP/QHIP / OTHER IMMUNIZATION BIRTH CERTIFICATE