



KEEWAYTINOOK INTERNET HIGH SCHOOL

GRADE 9 STUDENT APPLICATION 2024 – 2025



Name: _____ Birth date: _____ ☐ Male ☐ Female
Last name First name Middle name(s) Day Month Year

Band Number: _____ Parents/Guardians: _____
(10 digit)

Address: _____ Phone number: _____
Box # Community Postal Code

Was KiHS the last school you attended? ☐ Yes ☐ No

If no, where did you last attend? _____ Year: _____

Student and/or Parent (for students under 18 years of age) Confirmation

I give Keewatinook internet High School (KiHS) permission to obtain my/my child's Ontario Student Record (OSR). I give permission to KiHS to share information about my child with (and obtain from) other KO and KOBE programs for the safety and benefit of my child.

I agree to have my/my child's photo online within the KiHS environment and for promotional material.

Please check the following:

- ☐ if you prefer KiHS not use these photos in promotional materials for the school
☐ if you prefer KiHS not to make available Mental Health support

Student Signature: _____ Date: _____

Guardian's Name (Printed): _____ Guardian's Signature: _____ Date: _____

Choose one (1) course from section A and one (1) course from section B

	TERM 1	TERM 2	TERM 3	TERM 4
A	<input type="checkbox"/> ENG1LA - Locally Developed English <input type="checkbox"/> ENL1WA - De-streamed English <input type="checkbox"/> PPL1OA - Healthy Active Living	<input type="checkbox"/> MAT1LB - Locally Developed Mathematics <input type="checkbox"/> MTH1WB - De-streamed Mathematics	<input type="checkbox"/> ENG1LC - Locally Developed English <input type="checkbox"/> ENL1WC - De-streamed English <input type="checkbox"/> SNC1LC - Locally Developed Science <input type="checkbox"/> SNC1WC - De-streamed Science	<input type="checkbox"/> CGC1WD - De-streamed Geography <input type="checkbox"/> MAT1LD - Locally Developed Mathematics <input type="checkbox"/> MTH1WD - De-streamed Mathematics <input type="checkbox"/> SNC1WD - De-streamed Science
B	<input type="checkbox"/> HIF1OA - Exploring Family Studies <input type="checkbox"/> GLS1OA - Learning Strategies 1: Skills for Success in Secondary School <input type="checkbox"/> NAC1OA - Expressions of First Nations, Metis, and Inuit Cultures	<input type="checkbox"/> GLS1OB - Learning Strategies 1: Skills for Success in Secondary School <input type="checkbox"/> HFN1OB - Food and Nutrition <input type="checkbox"/> LNLAOB - Native Languages - Oji-Cree, level 1	<input type="checkbox"/> NAC1OC - Expressions of First Nations, Metis, and Inuit Cultures <input type="checkbox"/> LNCAOC - Native Languages - Cree, Level 1 <input type="checkbox"/> PPL1OC - Healthy Active Living	<input type="checkbox"/> HIF1OD - Exploring Family Studies <input type="checkbox"/> LNOAOD - Native Languages - Ojibway, Level 1

NOTE: This application must be accompanied by a photocopy of proof of the student's birth date. Acceptable proof can be any one of the following: Birth certificate; Treaty card; Driver's license; Ontario Health Card. Email the completed form to applicationform@edu.knet.ca