

Name (Last, First):

School: Macdonald Drive Junior High

Student Number (MCP):

Grade:

2018-2019

<b>Address Information</b>		
Street		
City, Prov, Postal Code		
Mailing Street		
City, Prov, Postal Code		
<b>Other Information</b>		
Home Phone		
Gender		
Birthday		
Electoral District		
Year of Graduation		
MCP Number		
MCP Expiry		
French Program Type		
Type of Student		
Citizenship		
<b>Self-Identified Indigenous Status (Mark all that apply)</b>		
<input type="checkbox"/> First Nations (North American Indian)	<input type="checkbox"/> Metis	<input type="checkbox"/> Inuit (Inuit)
<b>Student Living Arrangement</b>		
Student Lives With		
<b>Parent 1 Information</b>		
Name	Name	
Home Phone	Home Phone	
Day Phone	Day Phone	
Cell Phone	Cell Phone	
Email	Email	
<b>Emergency Contacts</b>		
Contact 1: Name		
Contact 1: Relationship		
Contact 1: Phone 1		
Contact 1: Phone 1 Type		
Contact 1: Phone 2		
Contact 1: Phone 2 Type		
Contact 2: Name	Contact 3: Name	
Contact 2: Relationship	Contact 3: Relationship	
Contact 2: Phone 1	Contact 3: Phone 1	
Contact 2: Phone 1 Type	Contact 3: Phone 1 Type	
Contact 2: Phone 2	Contact 3: Phone 2	
Contact 2: Phone 2 Type	Contact 3: Phone 2 Type	
<b>Medical Information</b>		
Allergies		
Medical Considerations		

## Network Access Agreement and Media Consent Form Macdonald Drive Junior High

Please have student and parent/guardian read the accompanying information, sign this form, and return to your homeroom teacher.

Student Name: \_\_\_\_\_

Student Homeroom: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

Is this your first year at Macdonald Drive Junior High? \_\_\_\_\_

Student:

I have read and fully understand the Acceptable Use Policy, in particular the rights and responsibilities for students. By signing below, I indicate my acceptance of these guidelines and will ensure my account is only used for acceptable activities.

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent:

We/I have read and fully understand the **Acceptable Use Policy** relating to computer access at MDJH. By signing below, We/I indicate acceptance of these guidelines.

We/I have also read and fully understand the **Media Consent Form**.

\_\_\_\_ Yes, I permit MDJH and the NL English School District to reproduce images of my child for the promotional purposes listed in the attached Media Consent Sheet.

\_\_\_\_ No, I do not permit MDJH and the NL English School District to reproduce images of my child.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Office use:

Date received: \_\_\_\_\_

GAFE Account Needed: \_\_\_\_\_ Request sent: \_\_\_\_\_

Processed: \_\_\_\_\_