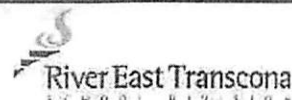


STUDENT REGISTRATION



This personal information is being collected under the authority of The Public Schools Act and will be used for educational purposes. It is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, contact the superintendent of River East Transcona School Division, 589 Roch St., Winnipeg, Man., R2K 2P7, Tel: 204.667.7130.

STUDENT INFORMATION

PLEASE PRINT

School year: 20/____ 20____

School name: _____

Applying for Grade _____

Usual LAST name: _____

Usual FIRST name: _____

Usual MIDDLE name: _____

Legal LAST name: _____

Legal FIRST name: _____

Legal MIDDLE name: _____

Legal gender: ☐ Male ☐ Female

Preferred gender (if applicable): ☐ Trans male ☐ Trans female ☐ Two-Spirit ☐ Gender non-conforming

Birth date: (mm/dd/yy) _____ Language spoken at home: _____

Home address: Apt. # _____ House # _____ Street: _____

City: _____ Province: _____ Postal code: _____

Box #/Group #/RR #: _____ Student home #: _____ Student cell #: _____

Student Manitoba Medical: Personal # (9-digit) [] [] [] [] [] [] [] [] [] Student family # (6-digit) [] [] [] [] [] []

Are you a resident of River East Transcona School Division? ☐ Yes ☐ No (If no, complete and attach a Schools of Choice application)

Is the student a high school graduate? ☐ Yes ☐ No Last school attended: _____

If not a Canadian citizen, please identify the CIC (Citizen and Immigration Canada) authority:

☐ A) Permanent resident ☐ B) Refugee claimant ☐ C) Work permit ☐ D) Study permit ☐ E) Other _____

Date entered Canada: (mm/dd/yy) _____

OFFICE: A-C are provincially funded students

CONTACT INFORMATION

Custody: Are there any legal restrictions to this student? ☐ Yes ☐ No (If yes, a copy of legal documents must be on file at the school)

List in order of priority to call:

1st/Primary contact

LAST name: _____ FIRST name: _____ ☐ Mr. ☐ Mrs. ☐ Ms. Relationship: _____

Address: ☐ Same as above Other: _____ Postal code: _____

Employer: _____ Work phone: _____ Ext.: _____

Home phone: _____ Unlisted? ☐ Yes ☐ No Cell: _____ Email: _____

Legal guardian? ☐ Yes ☐ No Can pick up student? ☐ Yes ☐ No Has custody of student? ☐ Yes ☐ No

STUDENT REGISTRATION



Send additional report card? ☐ Yes ☐ No

This contact is restricted? ☐ Yes ☐ No

Phone number to call in case of emergency: _____

Upon registration, Parent Portal login information will be provided by the school.

2nd contact

LAST name: _____ FIRST name: _____ ☐ Mr. ☐ Mrs. ☐ Ms. Relationship: _____

Address: ☐ Same as above Other: _____ Postal code: _____

Employer: _____ Work phone: _____ Ext.: _____

Home phone: _____ Unlisted ☐ Yes ☐ No Cell: _____ Email: _____

Legal guardian ☐ Yes ☐ No Can pick up student ☐ Yes ☐ No Has custody of student ☐ Yes ☐ No

Send additional report card ☐ Yes ☐ No This contact is restricted ☐ Yes ☐ No

Phone number to call in case of emergency: _____ Would like Parent Portal access ☐ Yes ☐ No

3rd contact

LAST name: _____ FIRST name: _____ ☐ Mr. ☐ Mrs. ☐ Ms. Relationship: _____

Address: ☐ Same as above Other: _____ Postal code: _____

Employer: _____ Work phone: _____ Ext.: _____

Home phone: _____ Unlisted? ☐ Yes ☐ No Cell: _____ Email: _____

Legal guardian ☐ Yes ☐ No Can pick up student ☐ Yes ☐ No Has custody of student ☐ Yes ☐ No

Send additional report card ☐ Yes ☐ No This contact is restricted ☐ Yes ☐ No

Phone number to call in case of emergency: _____ Would like Parent Portal access ☐ Yes ☐ No

Daycare or other contact

LAST name: _____ FIRST name: _____ ☐ Mr. ☐ Mrs. ☐ Ms. Relationship: _____

Address: ☐ Same as above Other: _____ Postal code: _____

Employer: _____ Work phone: _____ Ext.: _____

Home phone: _____ Unlisted? ☐ Yes ☐ No Cell: _____ Email: _____

Legal guardian? ☐ Yes ☐ No Can pick up student? ☐ Yes ☐ No Has custody of student? ☐ Yes ☐ No

This contact is restricted? ☐ Yes ☐ No Phone number to call in case of emergency: _____

STUDENT REGISTRATION



STUDENT TECHNOLOGY ACCESS AT HOME

Does the student have wireless Internet access at home?

☐ Yes ☐ No

Select the device type(s) the student has access to at home.

☐ Chromebook

☐ Desktop

☐ Laptop

☐ Tablet

☐ Mobile phone (student-owned)

☐ No device

☐ Mobile phone (parent-owned)

Would the device(s) be brought to school?

☐ Yes ☐ No

SIBLINGS

Please list the full legal names of all siblings of the student who are attending any RETSD schools—only those for whom the parent(s)/guardian(s) listed on page 1/2 are legal guardian(s).

SIGNATURES

The following signatures verify that the above information is true and accurate. Upon transfer/withdrawal of the student, the pupil file will be forwarded to the next school of attendance.

☐ I consent to receive, via email, information in the form of newsletters, school updates and announcements regarding division and school activities, including fundraising and promotions. (If at any time you wish to be removed from our email list, please contact the school office.)

Email address: _____

Parent/guardian: _____ or student (if 18 or older): _____

Date: _____

INDIGENOUS IDENTITY DECLARATION

Indigenous Identity Declaration helps to support the efforts of Manitoba Education and Training and school divisions to plan and improve programs in a way that is responsive to Indigenous learners. Providing this personal information is voluntary and optional. It is being collected in compliance with section 36(1)(b) of the Freedom of Information and Protection of Privacy Act (FIPPA) as it is necessary for and relates directly to the activity of Manitoba and school divisions to plan, deliver and improve programs

I, _____ (name of parent/guardian, please print clearly):

☐ Am submitting my child's Indigenous Identity Declaration for the first time

☐ Am making changes to my child's Indigenous Identity Declaration

☐ Already submitted my child's Indigenous Identity Declaration and have no further changes to make at this time

Is your child an Indigenous person, that is, First Nation (North American Indian), Métis or Inuk (Inuit)? If "Yes," check the box(es) that best describe(s) your child now (note: First Nations (North American Indian) include Status and Non-Status Indians):

STUDENT REGISTRATION



☐ Yes, First Nation (North American Indian)

☐ Yes, Métis

☐ Yes, Inuk (Inuit)

Which best describes your child's Indigenous cultural-linguistic identity? Please select up to two choices:

☐ Anishnaabe (Ojibway/Saulteaux)

☐ Oji-Cree

☐ Ininiw

☐ Michif

☐ Dene (Sayisi)

☐ Inuktitut

☐ Dakota

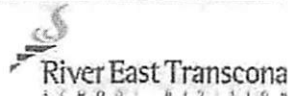
☐ Other: Please specify: _____

MEDICAL QUESTIONNAIRE

Please complete the following (specify yes if physician-diagnosed)

- | | | |
|---|--|-------|
| 1. Anaphylaxis | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2. Anaphylaxis—has EpiPen prescribed | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3. Asthma | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4. Asthma—has inhaler prescribed | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 5. Bleeding (i.e. hemophilia, Von Willebrand disease) | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 6. Cardiac condition | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 7. Catheterization | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. Central line | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9. Diabetes | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 10. Gastrostomy | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 11. Intermittent catheterization | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 12. Medication | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 13. Nasogastric tube | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 14. Osteogenesis imperfecta | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 15. Ostomy | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 16. Oxygen | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 17. Seizure disorder | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 18. Steroid dependence | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 19. Suctioning (A)—tracheal suctioning | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 20. Suctioning (B)—oral/nasal suctioning | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

STUDENT REGISTRATION



21. Tracheostomy ☐ Yes ☐ No

22. Ventilator ☐ Yes ☐ No

23. Other intervention/condition/diagnosis (not listed) * ☐ Yes ☐ No _____

***Other health condition(s) must be physician-diagnosed with supporting documentation provided.**

This medical information is being collected so that appropriate health-care plans and programming may be developed. This information will only be shared with appropriate individuals. This information is protected by The Personal Health Information Act. Questions should be directed to the school principal.

SUPPORT SERVICES

Please indicate if the student has utilized any of the following services

- | | |
|--|---|
| <input type="checkbox"/> Resource | <input type="checkbox"/> School counsellor |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Psychiatry | <input type="checkbox"/> Speech & language |
| <input type="checkbox"/> Social work | <input type="checkbox"/> Occupational therapy |
| <input type="checkbox"/> Physiotherapy | <input type="checkbox"/> Outside agency |
| <input type="checkbox"/> Child in care | <input type="checkbox"/> Other _____ |

OFFICE: If any items have been checked off, forward to the school principal

If any services above are checked (✓), please complete details below

Name of agency/support service: _____ Contact person: _____

Address: _____ Phone: _____

Briefly describe the reason for service: _____

Name of agency/support service: _____ Contact person: _____

Address: _____ Phone: _____

Briefly describe the reason for service: _____

The support services information is being collected so appropriate educational services may be provided for your son/daughter. This information will only be shared with appropriate individuals. This information is protected by The Freedom of Information and Protection of Privacy Act. Questions should be directed to the school principal.



École Regent Park School

411 Moroz St. | Winnipeg, MB R2C 2X4 | Tel: 204.958.6830 | Fax: 204.222.4885
Principal: Ms. L. Grande | Vice-principal: Mr. C. Coppinger
Email: erp@retsd.mb.ca | Web: www.erp.retsd.mb.ca

EMERGENCY DISMISSAL AND CLOSING OF SCHOOLS 2023-2024

In the event of a snowstorm and/or early dismissal, it is not possible for the school to contact all parents/legal guardians by phone. In order to ensure your child's safety, we would appreciate it if you would fill in the bottom portion and have it returned to the school.

STUDENT'S NAME: _____ HOME PHONE: _____

GRADE LEVEL: _____ TEACHER: _____

Parent(s) / Legal guardian(s) name(s):

Work Ph.: _____ Cell: _____

Work Ph.: _____ Cell: _____

Please call one of the following people if parents/ legal guardians cannot be reached:

Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____

Please check one or several of the following:

- _____ 1. It is not necessary to call, as there is always someone home.
- _____ 2. It is not necessary to call, as my child has a key and can go home independently.
- _____ 3. My child has my permission to leave with his/her younger sibling(s) also attending ERP, and it is not necessary to call.
- _____ 4. My child could leave with the following student's parent/ legal guardian, _____ as I have an arrangement with this family.
- _____ 5. Please contact a parent/ legal guardian before allowing my child to leave.

Parent/ Legal Guardian(s)' signature

**Please notify the school of any changes to the above information
that may occur throughout the school year. Thank you.**



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PARENTAL/LEGAL GUARDIAN INFORMED CONSENT FOR OUT OF SCHOOL ACTIVITIES IN THE LOCAL COMMUNITY 2023-2024

Dear Parent/Legal Guardian,

The purpose of this letter is to inform you about some of the out-of-school activities or events in the local school community in which your child will participate during this year. Your signature at the bottom of this form confirms that you are aware of the information provided in this letter.

The River East Transcona School Division and the staff of École Regent Park recognize that valuable and unique learning can take place outside of the school building. We are therefore encouraged to make use of the total resources of the local community to meet curriculum goals.

During the course of the school year, student groups will engage in activities within the local community that take them out of the school building. These activities may include but are not limited to activities and events such as: Terry Fox Walk, Outdoor Ed, Physical Education classes, short walks.

The risk of injury exists in all student activity. However, due to the very nature of some activities, the risk of injury may increase. The safety and wellbeing of students is a prime concern and every effort is made to minimize the foreseeable risks inherent in any activity.

While participating in school activities, which take them into the community, it is expected that students will conduct themselves appropriately during all aspects of schooling.

If, for some reason, your child cannot or should not participate in activities of this nature, please let us know.

In signing this form, I acknowledge receipt of this letter and the information provided therein.

Parental/Legal Guardian Informed Consent:

Student's Name (please print): _____

Home Room: _____

Parent/Legal Guardian Signature

Date



École Regent Park

411 Moroz St. | Winnipeg, MB R2C 2X4 | Tel: 204.958.6830 | Fax: 204.222.4885
Principal: Ms. L. Grande | Vice-principal: Mr. C. Coppinger
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2-8 PHYSICAL EDUCATION / HEALTH EDUCATION 2023-2024

Parental/Legal Guardian Option for Potentially Sensitive Content

Physical Education/Health Curriculum contains potentially sensitive outcomes in the following areas in **grade 5 and grade 7**:

- Personal Safety
- Substance Use and Abuse Prevention
- Human Sexuality.

The curriculum at all grade levels is developmentally and age appropriate. For example, at grades 2-8, students develop self-understanding, to make health enhancing decisions, to work cooperatively and fairly with others, and to build positive relationships with others. Personal Safety helps students identify safety guidelines to protect themselves in potentially dangerous situations, and to better understand positive relationships. Starting in grade 5, Substance Use and Abuse Prevention includes distinguishing between helpful and harmful substances, as well as their effects on the body. In Human Sexuality, students will learn about basic changes in growth and development such as changes to teeth, height, clothes size and eventually the structure and function of the reproductive system changes in puberty, recognizing the importance of abstinence and responsible decision-making. Teachers have specific division mandated training on this curriculum.

The Manitoba Education, Citizenship and Youth department of the provincial government has mandated all potentially sensitive outcomes. Parents/Legal Guardians have the option to choose school-based delivery or an alternative delivery for this potentially sensitive content. Alternative delivery of the potentially sensitive content becomes the responsibility of the parent/legal guardian (i.e., home, professional counseling) where the content conflicts with family, religious or cultural values.

Please retain this page for your records. Complete and return the attached form, indicating either school-based delivery or alternate delivery of the potentially sensitive content for your child. **Please note that the permission form is a multi-year form, covering Grade 2 to Grade 8.** Choice of school-based delivery or alternate delivery can be changed at any time. Please notify the school, in writing, to request a change.

Information outlining the potentially sensitive outcomes in grades 5 and 7 can be found by visiting this link:

https://www.edu.gov.mb.ca/k12/cur/physlth/hs_k-8/index_w.html



École Regent Park

2-8 PHYSICAL EDUCATION / HEALTH EDUCATION 2023-2024

Parental/Legal Guardian Option for Potentially Sensitive Content

The Manitoba Education, Citizenship and Youth department of the provincial government has mandated the delivery of all potentially sensitive outcomes. Please check either School Based Delivery or Alternate Delivery for each topic below.

School-Based Delivery indicates you are granting permission for your child to participate in the school-based delivery of the potentially sensitive issues as outlined by the Manitoba Education, Citizenship and Youth curriculum.

Alternate Delivery indicates you are assuming the responsibility for an alternative, home-based delivery (home, professional counseling) of the potentially sensitive content for your child where the content is in conflict with family, religious or cultural values.

Delivery of Potentially Sensitive Content

(Date)

(Child's first and last name)

(Grade)

Topic	School-Based Delivery	Alternate Delivery
Personal Safety	_____	_____
Substance Use and Abuse Prevention	_____	_____
Human Sexuality	_____	_____

(Parent /Legal Guardian Signature)