

STUDENT REGISTRATION – ÉCOLE MUNROE MIDDLE SCHOOL



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

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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



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*):

- ☐ 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:

- ☐ Anishinaabe (Ojibway/Saulteaux)
- ☐ Ininiw
- ☐ Dene (Sayisi)
- ☐ Dakota
- ☐ Oji-Cree
- ☐ Michif
- ☐ Inuktitut
- ☐ Other: Please specify: _____

STUDENT REGISTRATION

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 | |
| 21. Tracheostomy | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 22. Ventilator | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 23. Other intervention/condition/diagnosis (not listed) * | <input type="checkbox"/> Yes <input type="checkbox"/> 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.

STUDENT REGISTRATION



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 MUNROE MIDDLE SCHOOL

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R2K 1H5

GRADE 5-8 PHYSICAL EDUCATION / HEALTH EDUCATION

Parental Option for Potentially Sensitive Content

The Grade 5-8 Physical Education/Health Curriculum contains potentially sensitive outcomes in the following areas:

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

The curriculum is developmentally and age appropriate. For example, 5-8 Personal Safety helps students identify safety guidelines to protect themselves in potentially sexually abusive situations, and to better understand abusive relationships. Substance Use and Abuse Prevention includes distinguishing between medicinal and non-medicinal substances, as well as their effects on the body. In Human Sexuality, students will learn about the structure and function of the reproductive system, changes in puberty, recognizing the importance of abstinence and responsible decision-making.

The Manitoba Education, Citizenship and Youth department of the provincial government has mandated all potentially sensitive outcomes. Parents 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 (i.e., home, professional counseling) where the content is in conflict with family, religious or cultural values.

Please complete the form attached indicating either school based delivery or alternative delivery of the potentially sensitive content for your child. Please note that the permission form is a multi-year form, covering Grade 5 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.

If you require more information on the topics covered in your student's health education, please contact the school directly at (204) 661-4451.



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R2K 1H5

GRADE 5-8 PHYSICAL EDUCATION / HEALTH EDUCATION Parental Option for Potentially Sensitive Content

Manitoba Education, a 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 Manitoba Education.

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)

(Student's first and last name)

(Grade)

Topic

School-Based Delivery Alternate Delivery

Personal Safety

☐☐

Substance Use and Abuse Prevention

☐☐

Human Sexuality

☐☐

(Parent / Guardian Signature)



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OUT OF SCHOOL ACTIVITIES IN THE NEIGHBOURHOOD

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 the course of 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 Munroe School 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 the Terry Fox Walk, Take Pride Manitoba, taking a class to a nearby park, jogging for Phys. Ed. class, Earth Beat, etc. For any trip that takes students far enough to require transportation, you will receive an event-specific permission form.

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 well-being 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 neighborhood, it is expected that students will conduct themselves appropriately during all aspects of schooling.

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

I / We understand and agree that this is a part of the school program. I/We also understand that as a result of participating in this program, the participant is expected to follow the school procedures and code of conduct and that any deviations from these may result in consequences from the school administration.

I / We declare having read and understood the above INFORMED CONSENT AGREEMENT in its entirety and hereby consent to participate, being aware of all the foregoing.

Confirmation of Receipt of Information: Because your son/daughter will participate in local community activities, this signed form must be returned to the school.

Student's Name (please print): _____ Grade: _____

Parent/Guardian Signature

Date



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R2K 1H5

We use “email blasts” to share important school wide and divisional information. Along with our webpage, this is our primary source of communication with families.

Benefits:

- Accurate and timely information about coming events.
- Confidence that you’re getting the information, rather than counting on your child to share it.
- Good for environment . . . saves on paper!

Safeguards:

- Your email address is kept confidential. We always use the “Blind Carbon Copy” line, so that others can’t see you address.
- You can unsubscribe or update you email by calling the office.
- When your child leaves Munroe, your address will be deleted from the distribution list.

To register, **PRINT** the following information:

Name of student: _____

Grade: _____

PRINT the email address you check regularly. You may want to include more than one address, for example, include both parents. Some address characters look very similar (e.g., “l” or “1”). Please clearly indicate each character.



KDDB MEDIA COVERAGE, COPYRIGHT PERMISSION

The River East Transcona School Division recognizes the value of positive public relations and as such realizes that from time to time during the school year, school staff, the media and/or River East Transcona School Division may be reporting on school or divisional events. On occasion, while covering these events, students are interviewed and/or still or moving images of them are taken for use by school staff, divisional staff or, the media. Quotes or images may be used by the media, in divisional publications, videos, social media accounts, or websites. (division, school, staff websites).

As well, on occasion, students' works are published by the media or River East Transcona School Division, for example in divisional publications or videos, social media accounts or on websites (division, school, staff websites). Work produced by a student is copyrighted to that student.

Unless otherwise indicated on KDDB-E1 – Parent Permission Form Media Coverage, Copyright Permission, by a parent/guardian or student who has reached the age of 18, it will be permitted for students to be interviewed and/or to allow still or moving images of them to be taken for use by the media or the division.

Parents who indicate “no” and opt out on any of the permission items identified in the exhibit need to discuss this decision with their child and indicate to the child what actions they must take in these situations. This information will be sent home on an annual basis.

Effective Date:	June 1, 2004	Review Date: May 8, 2018
Amended Date:	March 15, 2011; January 17, 2012; November 17, 2020	
Board Motion(s):	373/04; 70/11; 9/12; 252/20	
Legal/Cross Reference:	KDDB-E1 Media Coverage, Copyright Permission Form	

INSTRUCTIONAL TECHNOLOGY USE

Access to the River East Transcona School Division instructional technology services plays a vital role in teaching and learning in today's world. Student access to computer information technology is an integral part of their learning. The division, in cooperation with students and parents, will work to build an understanding of the importance of digital citizenship and the role that computer information technology can play in education.

River East Transcona School Division promotes the use of its instructional technology services to improve the digital literacy of its users. Every user is expected to adhere to this policy, as well as the accompanying regulation and exhibits, and by accessing instructional technology tools, consents to follow the expectations contained in the policy.

Effective Date:	June 1, 2004 June 20, 2006;	Review Date:
Amended Date:	June 17, 2008; March 15, 2011; February 21, 2017; October 15, 2019; November 17, 2020	
Board Motion(s):	372/04; 326/06; 221/08; 70/11; 35/17; 232/19' 252/20	
Legal/Cross Reference:	IJND-E1 Instructional Technology Use Form Kindergarten to Grade 12; IJND-R Instructional Technology Use Regulation	



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R2K 1H5

Listed below are the required French Immersion and English courses for grade 6, 7 and 8, along with the choice of Band or Art. Please make your choice and if in grade 7 or 8, indicate the option you were enrolled in the year before. Once you choose an option, please understand that your commitment to that course is for the full year. We base classroom size and staffing on these decisions and switching courses will not be accommodated until the following year. We are happy to answer any questions you have about either option.

STUDENT NAME: _____

Current School: _____

<u>Required Courses</u>	<u>Option Courses</u>
<i>French Instruction:</i> <ul style="list-style-type: none">• <i>Français</i>• <i>Mathématiques (Mathematics)</i>• <i>Sciences de la nature (Science)</i>• <i>Sciences humaines (Social Studies)</i>• <i>English Language Arts</i>• <i>Physical Education and Health</i>• <i>Applied Arts</i> <i>English Instruction:</i> <ul style="list-style-type: none">• <i>English Language Arts</i>• <i>Math</i>• <i>Science</i>• <i>Social Studies</i>• <i>Physical Education and Health</i>• <i>French Communication and Culture</i>• <i>Applied Arts</i>	Art: <input type="checkbox"/> Band: <input type="checkbox"/> Grade 7 and 8 students: state the options course taken in the previous year: _____

Parent/Guardian Signature _____

River East Transcona School Division
English and French Immersion Program