

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

The following primary and emergency contact information will be used in the event of an emergency or for critical, time-sensitive information using our mass notification system. An email address must be provided for each contact to be able to receive notifications from this system.

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.: _____

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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: _____

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: _____

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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*):

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- 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: _____

MEDICAL QUESTIONNAIRE

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

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

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- 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

- Resource School counsellor
- Reading Psychology
- Psychiatry Speech & language
- Social work Occupational therapy
- Physiotherapy Outside agency
- Child in care 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.



Wayoata School

605 Wayoata St. | Winnipeg, MB R2C 1J8 | Tel: 204.958.6840 | Fax: 204.222.5053

Principal: Carol Kovacs | Email: way@retsd.mb.ca | Web: www.way.retsd.mb.ca

Grade 5 - Grade 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, at 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.

Attached, please find a list of the potentially sensitive outcomes taught at your child's grade level. If you have any questions or concerns, please call the school and talk to your child's teacher.

Please complete and sign 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 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, Parent Handbooks and curriculum materials are available at the school.

Potentially Sensitive Outcomes Taught At Your Child's Grade Level
Grade 5

K.3.5.B.6a

Identify safety guidelines to protect self and others in potential sexually abusive situations (e.g., exploitative behaviour; sex-related Internet sites, television, and videos; flashers; secluded places; alone on streets late at night...).

K.3.5.B.6b

Describe indicators of abusive relationships (e.g., behaviours that are threatening, harassing, secretive, or cause physical and/or mental injury, pain, or discomfort..

K.5.5.D.1

Distinguish between medicinal and non-medicinal substances and their appropriate use (e.g., prescription drugs from a doctor to treat an illness rather than drugs obtained illegally; vitamins to meet daily requirements, ventilators/ puffers for asthma, EpiPens for allergies; over-the-counter drugs used for health reasons rather than for performance enhancement ...).

K.5.5.D.2

Describe effects and consequences of substance use (e.g., alcohol and tobacco, street drugs...) **on body systems** (e.g., alcohol affects the brain, liver, and nervous system; alcohol affects fetal development in a pregnant woman; tobacco and smoke affect the respiratory and circulatory systems; street drugs change a person's behaviour and cause harmful physical effects and may cause death...).

K.5.5.D.3

Identify peer, cultural, media, and social influences related to substance use and abuse (e.g., dares from friends; pressure to belong to a group; attractive portrayals through advertisements/television/videos; family/cultural/religious values; peer pressure from groups and gangs; alcoholics or smokers in the family...).

K.5.5.E.1a

Describe the structure and function of the reproductive and endocrine systems of human beings (e.g., pituitary gland, estrogen, testosterone, progesterone, menstruation and spermatogenesis, fertilization, sexual intercourse...).

K.5.5.E.1b

Identify the physical changes associated with puberty and the importance of personal hygiene practices (e.g., growth of body hair, changes in body shape, hormones, acne, body odour, menstruation, erection, ejaculation, emissions, use of sanitary products...).

K.5.5.E.1c

Describe how heredity (e.g., chromosomes, DNA...) **influences growth and characteristics that contribute to personal identity** (e.g., height, eye colour, bone structure, hair colour, body build, individual growth patterns, features, fraternal and identical twins...).

Potentially Sensitive Outcomes Taught At Your Child's Grade Level
Grade 5

K.5.5.E.2

Identify the social- emotional changes associated with puberty (e.g., sexual attraction, fluctuation of moods, insecurities...).

K.5.5.E.3a

Identify influences (e.g., family, friends, role models, religion, culture, media, advertising and videos, social trends, fashion...) **on sexuality and gender roles.**

K.5.5.E.3b

Identify how social and cultural influences affect sexuality and gender roles (i.e., similarities and differences, such as cultural rituals and traditions).

K.5.5.E.3c

Identify the responsibilities (e.g., change clothing for physical activities, bathe frequently, use deodorant, use sanitary products, respect private spaces, keep personal matters private, show consideration for others, respect differences, do not ridicule...) **associated with physical, social, and emotional changes during puberty** (e.g., body odour, menstruation, erections, emissions, peer pressure, social etiquette, insecurity...).

K.5.5.E.4a

Identify characteristics (e.g., transmitted through sexual activity and contact with body fluids; may be fatal...) **and effects of HIV and AIDS on the immune system** (e.g., destroys specific white cells...).

S.5.5.A.4

Apply strategies (i.e., using the decision-making model, practising saying no, walking away, getting help from a safe adult) **for preventing or avoiding substance use and abuse** (e.g., tobacco, alcohol, street drugs, performance-enhancing drugs, sniffing...) **in different case scenarios.**

S.5.5.A.5

Apply a decision-making process in case scenarios related to issues associated with puberty (e.g., timing of physical changes, teasing related to different developmental rates, being discreet, respecting privacy of others, being sexually active, showing affection...).

Parental 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

Student Name (first and last)

Grade

Topic	School Based Delivery	Alternate Delivery
Personal Safety	<input type="checkbox"/>	<input type="checkbox"/>
Substance Use and Abuse Prevention	<input type="checkbox"/>	<input type="checkbox"/>
Human Sexuality	<input type="checkbox"/>	<input type="checkbox"/>

Parent / Guardian Signature

Date