



Westview School

600 Hoka St. | Winnipeg, MB R2C 2V1 | Tel: 204.958.6412 | Fax: 204.222.4829

Principal: Andrew Hirst | Vice-Principal: Frank Reeves | Email: west@retsd.mb.ca | Web: www.retsd.mb.ca/west

Attached is a registration for Westview School. In order to register your child at Westview, you must live in Westview's catchment area or have already been accepted as School of Choice. Along with this registration, you must supply the following original pieces of ID:

1. Two pieces of ID showing your address
 - Offer to Purchase or rental agreement
 - Manitoba Driver's License
 - Manitoba Medical card
 - any utility bill(s)
2. One piece of ID showing your child's birthday
 - Birth Certificate
 - Manitoba Medical card
 - Passport
 - Baptism Certificate

Parents may choose to opt-out their child from the below categories. All parent permissions default to 'YES' and if you do not wish your child to have permission for one or more of these categories, please request the opt-out form from the school office:

- Access to instructional technology provided by RETSD
- Interview for publication
 - by division, school, staff websites and social media accounts (ie. Fundraising, newsletters, websites)
 - by media (newspaper, radio, TV)
- Photograph and/or appear on video for publication:
 - by division, school, staff websites and social media accounts (ie. Fundraising, newsletters, websites)
 - by media (newspaper, radio, TV)
- Copyright (child's work published by the division or media)

Westview Lunch Committee runs a lunch program at a nominal cost to parents/guardians to pay for lunch supervisors. Lunch Registration forms will be available after start of school in the fall.

We are currently registering students for Kindergarten for children born in **2019**. Kindergarten at Westview is full days, every other day; a calendar of school dates will be provided in June. There will be an open house for Kindergarten students and their parents/guardians in early June. If you are registering for Kindergarten, we will advise you of the open house date via email once it has been confirmed.

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.: _____

STUDENT REGISTRATION



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: _____

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
 - Laptop
 - Mobile phone (student-owned)
 - Mobile phone (parent-owned)
 - Desktop
 - Tablet
 - No device
- 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:

Anishinaabe (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 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

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

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

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

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.



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CRITICAL SERVICE WORKERS

If the Province moves schools to Critical (Red) restrictions on the pandemic response system and you as parent/guardian are a **Critical Services Worker (CSW)**, will you need child care for your student(s)?

YES NO

Please check the category that best describes your profession:

- Front-line Health / Health Services
- Fire & Paramedic First Responder
- K-12 education provider (teacher, administrator, support staff)
- Child care worker
- Corrections worker
- Direct Social Services and child protection worker
- Front-line Natural Resource worker
- Gas station attendant
- Grocery store staff
- Hospital / clinical support staff
- Front-line Highways and Transportation worker
- Vital Public Infrastructure (water works, bridges, waste and sewage)
- Other critical service provider as defined in the Essential Services Act
- Other business ie. construction, food processing, manufacturing

STUDENTS WITH ADDITIONAL NEEDS

Does your child have additional needs that reflect lifelong physical, mental health and/or intellectual challenges?

YES NO

If you answered 'yes' above and the Province moves schools to Critical (red) restrictions on the pandemic response system, will you need care for your child?

YES NO

Student Name: _____

Parent Name: _____

Date: _____



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PARENTAL INFORMED CONSENT FOR OUT OF SCHOOL ACTIVITIES IN THE LOCAL COMMUNITY

Dear Parent/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 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 Westview 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, taking a class to a nearby park, jogging for Phys. Ed., etc.

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 community, 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.

Before your child may participate in any local community activities, this signed consent form must be received at the school.

Student's Name (please print): _____

Parent/Guardian Signature

Date

Exhibit IJOA-E1- Letter of Informed Consent for Local Community Activities

Effective Date: December 16, 2003 Policy
Amended Date: June 21, 2005 Regulation
Board Motion(s): 683/03; 349/05 Exhibit XXX
Legal/Cross Reference:





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GRADE 5-8 PHYSICAL EDUCATION / HEALTH EDUCATION

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 below either 'School-Based Delivery' or 'Alternate Delivery' for each topic.

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 counselling) 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

(Child's first and last name)

Topic

Personal Safety

Substance Use and Abuse Prevention

Human Sexuality

<u>School-Based Delivery</u>	<u>Alternate Delivery</u>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Parent/Guardian Signature

Date