



# 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.
- |                                                       |                                    |
|-------------------------------------------------------|------------------------------------|
| <input type="checkbox"/> Chromebook                   | <input type="checkbox"/> Desktop   |
| <input type="checkbox"/> Laptop                       | <input type="checkbox"/> Tablet    |
| <input type="checkbox"/> Mobile phone (student-owned) | <input type="checkbox"/> No device |
| <input type="checkbox"/> 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:

- Anishinaabe (Ojibway/Saulteaux)
- Iniw
- 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

# 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

- |                                        |                                               |
|----------------------------------------|-----------------------------------------------|
| <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 _____          |

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

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## 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.

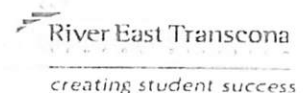
Student's Name (please print): \_\_\_\_\_

\_\_\_\_\_  
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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## K-4 PHYSICAL EDUCATION / HEALTH EDUCATION

### Parental Option for Potentially Sensitive Content

The K-4 Physical Education/Health Curriculum contains potentially sensitive outcomes in the following areas:

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

Health curriculum is developmentally and age-appropriate. For example, at K-4, Personal Safety helps children identify safety rules for child protection and how to avoid dangerous situations. Substance Use and Abuse Prevention focuses on identifying helpful and harmful substances and how to safely and properly take prescription medications. Human Sexuality identifies basic changes in growth and development such as changes to teeth, height and clothing size.

The Manitoba Education 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 counselling) where the content is in conflict with family, religious or cultural values.

Please complete the form below 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 Kindergarten to Grade 4. 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. The school will also host information meetings on the Physical Education/Health Education Curriculum.

#### CHOOSE ONE:

#### SCHOOL-BASED DELIVERY

My child \_\_\_\_\_ (child's first and last name) has permission to participate in the school-based delivery of potentially sensitive issues as outlined by the Manitoba Education curriculum.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

#### ALTERNATE DELIVERY

I assume the responsibility for an alternative, home-based delivery (home, professional counselling) of the potentially sensitive content for my child, \_\_\_\_\_ (child's first and last name) where the content is in conflict with family, religious or cultural values.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date