

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)
- 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

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



# ÉCOLE MUNROE MIDDLE SCHOOL

405 Munroe Avenue  
Phone: 204-661-4451  
Email: [mun@retsd.mb.ca](mailto:mun@retsd.mb.ca)

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## **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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## 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.

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### 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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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.



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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 KDDDB-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:	KDDDB-E1 Media Coverage, Copyright Permission Form	

Policy KDDDB – Media Coverage, Copyright Permission



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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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Policy IJND – Instructional Technology Use

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River East Transcona School Division  
English and French Immersion Program



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

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