

École Robert Andrews Middle School

Options Selection

2025-2026

Last Name: _____

First Name: _____ Middle Name: _____

Legal Name of Parent (if different from above): _____

PROGRAM OF STUDY: - Check **ONE**

ENGLISH PROGRAM

- English Language Arts
- Math
- Science
- Social Studies
- Physical Education & Health
- French
- Applied Arts

FRENCH IMMERSION PROGRAM

- Français
- Mathématiques
- Sciences de la nature
- Sciences humaines
- English Language Arts
- Physical Education & Health
- Applied Arts

OPTION COURSES: All Students Must Take Either Band or Expressive Arts – Check **ONE**

Band

NOTE: Students must remain in their option choice **for the full year**.
At the end of Grade 6, they may choose Band or Art for Grade 7.
They will then remain in their chosen course for both Grade 7 and Grade 8.

Visual Arts

Hockey Program (for all levels of hockey/ringette experience):

YES

NO

*** The Hockey Program is an option available to all students as an extension to the physical education program. See the Registration Form for more information.

*** Students selecting the Hockey Program must complete the Hockey Program Registration Form, that is time sensitive, and hand it in to the Robert Andrews School Office **separately** with fee March 5th, 2025.

Signature of Parent/Guardian

Signature of Student

Date

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, MB, R2K 2P7, Phone: 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 Pronouns: _____

Identifying 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)

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: _____ Relationship: _____

Address: Same as above Other: _____ Postal code: _____

Employer: _____ Work phone: _____ Ext.: _____

Home phone: _____ Unlisted? Yes No Cell: _____ Email: _____

STUDENT REGISTRATION



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: _____ 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: _____ 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: _____ 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 pages 1 and 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: _____ 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:

- | | |
|--|---|
| <input type="checkbox"/> Anishinaabe (Ojibway/Saulteaux) | <input type="checkbox"/> Oji-Cree |
| <input type="checkbox"/> Ininiw | <input type="checkbox"/> Michif |
| <input type="checkbox"/> Dene (Sayisi) | <input type="checkbox"/> Inuktitut |
| <input type="checkbox"/> Dakota | <input type="checkbox"/> Other: Please specify: _____ |

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**

STUDENT REGISTRATION



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

- | | |
|--|---|
| <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 child. 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.

TRANSPORTATION APPLICATION—REGULAR (FORM A)



This application must be completed by the parent/guardian. It can be returned to the school or emailed directly to transportation (see below). Please be aware that it may take **up to five business days** to process your transportation application.

Date: _____ Student requires busing Student does NOT require busing

New to the division Current student new to busing Address change School change Change in sitter

Student name (Last): _____ (First): _____

School: _____ Grade: _____ Home phone: _____

Sitter address (if applicable): _____ Sitter phone: _____

Please indicate **BUSED** siblings living in the same home, or siblings with **BUS APPLICATIONS SUBMITTED** and their school:

Please check any health conditions your child has that **could require intervention during transportation**:

Life-threatening allergy to: _____ Asthma Diabetes Seizure disorder
 Other (please indicate): _____

Please check appropriate box:

Student attending French immersion Student attending regular academic program
 Student attending English-German Bilingual Program Student attending vocational program
 Student attending English-Ukrainian Bilingual Program Student attending EAL

Parent/guardian signature Requested start date: _____

Any changes relating to the information contained in this application must be reported to the transportation department immediately. Questions should be directed to the transportation department at 204.669.0202. Email this application to transportation@retsd.mb.ca.

FOR DEPARTMENT USE ONLY

Pickup bus: _____

AM transfer bus: _____

PM transfer bus: _____

Take home bus: _____



Robert Andrews School

3230 Manlius St. | East St. Paul, MB R2E 0H7 | Tel: 204.661.5838 | Fax: 204.669.7002

Principal: Scott Lysack | Acting Vice-principal: Joel Soroko

Email: ra@retsd.mb.ca | Web: www.retsd.mb.ca/ra

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 the 2025-2026 school 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 Robert Andrews 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: Terry Fox Walk, Take Pride Manitoba, taking a class to a nearby park, jogging, hiking and Physical Education activities held at the community club and field, and trips to local elementary schools.

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 does not 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 that 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.

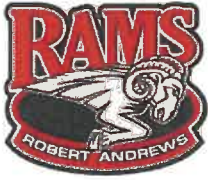
PARENTAL INFORMED CONSENT:

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

Student's First and Last Name: _____ Grade: _____

Parent/Legal Guardian Signature

Date



Robert Andrews School

Hockey Program

For All Levels of
Hockey Experience

Registration Form for 2025 - 2026

OFFICE USE ONLY:

DATE & TIME RECEIVED:

Paid: ___ Cash ___ Cheque

*This Hockey Program Registration is time sensitive. It **MUST** be handed in directly to the Robert Andrews School Office beginning March 5th, 2025 at 8:45 a.m. As enrollment may be limited, all registrations will be date and time stamped when received. The fee of \$150.00 (for ice rental and equipment/supplies) **must** accompany the Registration. Students may join the program in any grade.*

PLEASE NOTE: Once accepted, no refunds will be made

Tear this page from the Registration Package, complete it and submit it to Robert Andrews as noted above. Cheques should be made payable to "Robert Andrews School" and will be cashed after acceptance into the program.

(The rest of the Registration Package must be completed and handed in to your Grade 5 teacher according to your school's timelines.)

Last Name: _____

First Name: _____

Please Check Grade for (2025-2026): Grade 6 Grade 7 Grade 8

Goalie?: Yes No

If enrolment allows, we may offer an "Introduction to Hockey" class.

Please indicate your preference by checking option below:

- Introduction to Hockey

Comments: _____

-or-

- Hockey Class (significant hockey experience)

Comments: _____

Signature of Parent/Guardian

Signature of Student

Date

Parent/Guardian Phone Number: _____

COURSE EXPECTATIONS:

- From October through March, students will participate in one on-ice class per cycle before period 1, beginning at 8:10 a.m.
- Students must have their own hockey equipment.
- Students and parents are responsible for transporting hockey equipment to and from the school and/or arena.
- As staffing is based on enrolment, students registering for the Hockey Program are expected to continue in the program for the duration of the year for which they have registered.

Please Note: Even though we try to keep conflicts to a minimum, there may be times when special events or events beyond our control, such as field trips, presentations, "snow days", etc., will conflict with hockey classes causing the hockey classes to be cancelled. Refunds will not be issued for these types of situations.