



KILDONAN-EAST COLLEGIATE APPLICATION

STUDENT NAME: _____ GRADE: 12
(Please print first & last name)

Please take note of the following River East Transcona School Division policies that have been recently revised:

- RETSD Technology Use form IJND-E1 [2011-03-15 \(retsd.mb.ca\)](http://2011-03-15(retsd.mb.ca))
- Media Release Policy form KDDB-E1 [2011-03-15 \(retsd.mb.ca\)](http://2011-03-15(retsd.mb.ca))

Parents/Guardians can call the school to obtain copies of these policies. Parents/Guardians will need to fill out the appropriate forms and submit them to the school office if you wish your child to **opt out** regarding these policies.

DOCUMENTS REQUIRED WITH REGISTRATION:

Proof of Residency of Legal Guardian (2 pieces):

- Manitoba Driver's Licence
- Manitoba Health Card (verified)
- Utility Bill (Name and corresponding address)
- Tenancy Agreement (duly signed)
- Offer to purchase documents (completed – signatures)

Guardianship (if applicable):

- Court documents (Interim and/or Final Order, Variance Orders may also be applicable)
- Voluntary Placement Agreement (VPA)
- Child in Care form (*also serves as proof of residency*)

Proof of Age (For students who are new to the division):

- Birth Certificate
- Baptismal Certificate
- Passport
- Treaty Card
- Certificate of Birth registration, signed by Director of Vital Statistics

School Records and additional information:

- Transcript
- Technology Education Program Questionnaire (*if applying for a tech. ed program and do not reside in the catchment area*)

Date Received: _____

Initial: _____

The Kildonan-East Collegiate student information handbook can be found on-line. Go to our website at www.schools.retsd.mb.ca/kec and click on the Registration tab under Documents and Forms.

OFFICE USE ONLY

RE Tech Ed. EAL In Catchment Out of Catchment Out of Division

Accepted: YES Accepted: NO Entered/Assigned

Assigned to: _____

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

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.: _____

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

Legal guardian? Yes No Can pick up student? Yes No Has custody of student? Yes No

STUDENT REGISTRATION



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



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*):

- 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: _____ |

STUDENT REGISTRATION



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
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.

STUDENT REGISTRATION



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.

KILDONAN-EAST COLLEGIATE
2023-2024 Grade 12 Registration Form

NAME: _____
(first & last)

TEACHER ADVISOR: _____

Compulsory Course Selection: All Grade 12 students at Kildonan-East Collegiate will be enrolled in 3 compulsory credits:

- English 40S 1 Credit
- Math 40S 1 Credit
- Physical Education/Health Education 1 Credit

Circle the appropriate course:

English

OLE40STF	ONLINE ELA: Transactional Focus	40S
E40SCF	ELA: Comprehensive Focus	40S
E40SLF	ELA: Literary Focus	40S
E40STC	ELA:Lang & Tech Communication	40S
E40STF	ELA: Transactional Focus	40S

Mathematics

M40SA	Applied Mathematics	40S
M40SE	Essential Mathematics	40S
M40SP	Pre-Calculus Mathematics	40S
M45SC	Introduction to Calculus	45S
M45SA	Advanced Mathematics	45S

Physical Education

OLPEH40F	ONLINE Physical Education/Health Education	40F
PEH40F	Physical Education/Health Education	40F

Physical Education (Personal Fitness)

PEH40FPF	Physical Education/Health Education	40F
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Circle your course choices in boxes below

Advanced Placement

APCS42SA	Computer Science AP	AP42S
APE42SLI	English Literature & Composition	AP42S

Applied Commerce

OLBL40S	ONLINE Canadian Law	40S
BL40S	Canadian Law	40S

Automotive Technology 12 - Select all 3 courses

AT40SVS1	Vehicle Systems Part 1	40S
AT40SVS2	Vehicle Systems Part 2	40S
AT40SADS	Applied Diagnostic Strategies	40S

Baking & Pastry Arts 12 – Select all 3 courses

BP40SMCDP	Modern & Classic Desserts and Plating	40S
BP40SABP	Advanced Bread Products	40S
BP40SABK	Advanced Baking and Pastries	40S

Career Development/Internship

LWT40S/CDI40G	Life WorkTransition/ Career Development Internship	2 credit
LWTV40S	Life/Work Transition	1 credit

Carpentry 12 – Select all 3 courses

CP40SSC	Surveying & Concrete	40S
CP30SCTE	Carpentry Tools & Equipment	30S
CP40SAF	Advanced Framing	40S

Collision Repair & Refinishing Tech 12

Select all 3 courses

CR40SWBPR	Weld-On Bolt-On Panel Replacement	40S
CR40SSPR	Surface Preparation & Refinishing	40S
CP40SCT	Color Theory & Career Preparation	40S

Computer

CS40S	Computer Science	40S
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Culinary Arts 12 – Select all 4 courses

CA40SSS	Stocks, Soups and Sauces	40S
CA40SBD	Breakfast and Dairy	40S
CA40SMRFC	Menu Planning and Food Costing	40S
CA40SMRFS	Meats, Poultry, Fish and Seafood	40S

Dance

DAN 1A40S	Dance 1A, Dance 40S	40S
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Drama

DR40S	Drama, 1A Drama	40S
DRTP40S	Drama, 4A Theatre Practicum	40S

Electrical Trades Tech 12 – Select all 3 courses

ETT40SARW	Advanced Residential Wiring	40S
ETT40SAEWM	Advanced Electrical Wiring Methods	40S
ETT40SAETT	Applied Electrical Trades Technology	40S

French

F40S	French: Communication and Culture	40S
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Graphic Design 12 –Option: Select 1, 2 or 3

Major: Select all 3 courses

GD40SAGDL	Advanced Graphic Design and Layout	40S
GD40SAIGRD	Advanced Interactive Graphic Design	40S
GD40SGDP	Graphic Design Portfolio	40S

Hairstyling 12 (Option)

HS40SCP	Certificate Preparation	40S
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Hairstyling 12 – Select all 4 courses

HS40SAHC	Advanced Hairstyling & Colouring	40S
HS40SAHCC	Advanced Haircutting & Chemical Texture Services	40S
HS40SSO	Salon Operation	40S
HS40SCP	Certificate Preparation	40S

Interactive Digital Media 12 (Option)

DM40SPM	Project Management for IDM	40S
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Interactive Digital Media 12 - Major- Select 4 courses

DM40SAAC	Advanced Asset Creation for IDM	40S
DM40SAC	Advanced Coding for IDM	40S
DM40SPM	Project Management for IDM	40S
DM40SFDI	Futures in IDM	40S

Music

MUCB40S	Music, 1A Concert Band	40S
MUCC40S	Music, 2A Choir	40S
MUG40S	Music, 3A Guitar 40S	40S
MUJB40S	Music, 4A Jazz Band	40S*
MUMP40S	Music, 7A Music Production	40S

* Must be enrolled in same grade level of Concert Band

Photography 12 (Option) – Select both courses

PH40SAPL	Adv. Photographic Lighting	40S
PH40SADD	Adv. Digital Darkroom	40S

Photography 12 – Major-Select all 3 courses

PH40SAPL	Adv. Photographic Lighting	40S
PH40SADD	Adv. Digital Darkroom	40S
PH40SAPH	Applied Photography	40S

Refrigeration & A/C 12 –Select all 3 courses

RA40SRAC	Refrigeration Air Cooling Systems	40S
RA40SHVA	Heating Ventilation, A/C System	40S
RA40SARA	Applied Refrigeration A/C	40S

Science

OLB40S	ONLINE Biology	40S
B40S	Biology	40S
C40S	Chemistry	40S
P40S	Physics	40S

Social Sciences

OLPSY40S	ONLINE Psychology	40S
HEC40SFS	Family Studies	40S
PSY40S	Psychology	40S

Social Studies

CTF40S	Current Topics in FNMI Studies	40S
GI40S	Global Issues: Citizenship and Sustainability	40S
GEO30S	Physical Geography	30S
CIN40S	Cinema as a Witness to Modern History	40S

Spanish

SP40S	Spanish: 3 Year Programming	40S
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Treaty

	Treaties and the Treaty Relationship	40S
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Visual Arts

VART40S	Visual Art	40S
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***COURSE OFFERINGS SUBJECT TO CHANGE**

****It is recommended that Grade 12 students attend Summer School for courses that are not completed by June.**

Student: _____ **Parent Signature:** _____

Date of Application: _____

KILDONAN-EAST COLLEGIATE

845 Concordia Avenue ▪ Winnipeg, MB R2K 2M6 ▪ Telephone (204) 667-2960 ▪ Fax (204) 667-1203 ▪ www.kec.retsd.mb.ca

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 Kildonan-East Collegiate 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 fitness walking and winter activities in Physical Education Classes.

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 wellbeing 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 to not participate in activities of this nature, please let us know.

In signing this form, I acknowledge receipt of this letter and the information provided therein.

Parental Informed Consent:

Student's Name (please print):

Teacher Advisor: _____

Parent/Guardian Signature

Date

Principal:
M. Millman

Vice-Principals:
C. Colorado
J. Zahaiko
G. Zubricki