



Kildonan-East Collegiate

845 Concordia Ave. Winnipeg, MB. R2K 2M6 Tel: 204-667-2960 Fax: 204-667-1203
Principal: M. Millman | Vice-Principal: J. Zahaiko | Vice-Principal: K. Mann-Simpson | Acting Vice-Principal: S. McMullan
Email: kec@retsd.mb.ca Web: www.kec.retsd.mb.ca

SCHOOL YEAR: 2024/2025

STUDENT NAME: _____

(Please print first & last name)

GRADE: 10

Please take note of the following River East Transcona School Division policies:

- RETSD Technology Use form IJND-E1 [2011-03-15 \(retsdb.ca\)](http://2011-03-15.retsd.mb.ca)
- Media Release Policy form KDDB-E1 [2011-03-15 \(retsdb.ca\)](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 choose your child to **opt out** regarding these policies.

Please provide a copy of the most recent report card or transcript if available.

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

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

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

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

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
2024-2025 Grade 10 REGISTRATION FORM**

Name: _____
(first & last)

TEACHER ADVISOR: _____

Compulsory Course Selection: All Grade 10 students at Kildonan-East Collegiate will be enrolled in:

- English 20F 1 Credit
- Geographic Issues of the 21st Century 20F 1 Credit
- Mathematics 20F 1 Credit
- Physical Education/Health Education 20F 1 Credit
- Science 20F 1 Credit

Circle the appropriate course:

ENGLISH
E20F English Language Arts 20F
E20F English Language Arts Storytelling 20F

GEOGRAPHY
G20F Geographic Issues of the 21 st Century 20F

PHYS ED.
PEH20F Physical Education/ Health Education 20F

MATH
M20SE Essential Mathematics 20S
M20SI Introduction to Applied and Pre-Calculus Mathematics

SCIENCE
S20F Science 20F

Option Course Selection: Circle your course choices in boxes below, according to the following instructions:

- a. Students choose 3 courses from the list below. Students may choose a maximum of 2 Tech Ed. options.
b. Students majoring in Hairstyling must choose the four courses in the Hairstyling Tech Ed. column.

AUTO TECHNOLOGY (Tech Ed.)

AT20SASS Automotive Systems and Services 20S

BAKING & PASTRY ARTS (must take both) (Tech Ed.)

BP20SI Intro to Baking and Pastry Arts 20S
BP30SBKDP Quick Breads, Cookies, Donuts & Pies 30S

CARPENTRY (Tech Ed.)

CP20SCF Carpentry Fundamentals 20S

COLLISION REPAIR & REFINISHING TECHNOLOGY (Tech Ed.)

CR20SICR Introduction to Collision Repair & Refinishing Tech 20S

COMPUTER

CS20S Computer Science 20S

CULINARY ARTS – must take both (Tech Ed.)
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CA20SCP Cooking Principles 20S
HH20SDRS Dining Room Skills 20S

DANCE

DAN1A20S Dance 1A, Dance 20S

DRAMA

DR20S Drama 1A, Drama 20S
DRTP20S Drama 4A, Theatre Practicum 20S

ELECTRICAL TRADES TECH (Tech Ed.)
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ETT20SI Introduction to Electrical Trades Technology 20S

FRENCH

F20F French: Communication & Culture 20F

GRAPHIC DESIGN (Tech Ed.)

GD20SFGD Fundamentals of Graphic Design 20S

HAIRSTYLING (Option)

HS20SI Intro to Hairstyling 20S

HAIRSTYLING (Tech Ed.) (Must take all 4)

HS20SI Intro to Hairstyling 20S
HS20SBH Basic Hairstyling 20S
HS20SBHC Basic Hair Cutting and Thermal Styling 20S
HS20SRSS Related Salon Services 20S

INTERACTIVE DIGITAL MEDIA (Tech Ed.)

DM20SIDM Introduction to Interactive Digital Media 20S

LIFE/WORK PLANNING

LWE20S Life/Work Planning 20S

MUSIC

MUCB20S Music 1A, Concert Band 20S
MUCC20S Music: Choir 20S
MUG20S Music 3A, Guitar 20S
MUJB20S Music 4A, Jazz Band 20S*
MUMP20S Music 7A, Music Production 20S
* Must be enrolled in Concert Band

PHOTOGRAPHY (Tech Ed.)

PH20SPE Introduction to Photography 20S

REFRIGERATION & AIR CONDITIONING (Tech Ed.)
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RA20SI Introduction to Refrigeration & Air Conditioning 20S

SOCIAL SCIENCES

HEC20SFS Family Studies 20F

SPANISH

SP20F Spanish 20F

VISUAL ARTS

VART20S Visual Arts 20S

*COURSE OFFERINGS SUBJECT TO CHANGE

Student: _____

Parent signature: _____

Date: _____

TECHNICAL EDUCATION PROGRAM

EXPRESSION OF INTEREST



"TO BE FILLED OUT ONLY IF YOU ARE APPLYING FOR THE TECHNICAL EDUCATION PROGRAM"

What is a Technical Education program?

Students will learn in an environment modelled after the workplace. They will develop and acquire skilled trade and technology related skills that will allow them to transition into: the workplace, apprenticeship opportunities, post-secondary education, and their daily lives. (Tech Ed Program Overview—Manitoba Education)

Students can start exploring skilled trades and technology in Grade 9 and 10 to work toward a focus on one of the 13 different programs offered in our school division. Students require a total of eight courses starting in Grade 10 to receive a Technology Education Diploma from the Government of Manitoba.

The courses students take in the Grade 11 and 12 years of the programs focus the skill sets and theoretical concepts needed to achieve the full Technology Education Diploma. Some of these programs are accredited with apprenticeship and could provide students with a head start on working towards Level 1 Certification achieving accreditation with Apprenticeship Manitoba.

Why Technical Education?

Skilled trade and technology careers are important to the well-being of our communities and are an excellent career path for many young people. Embarking on a career in the skilled trades is great for those individuals who like to think creatively, solve problems, and work actively within a hands-on environment.

Please indicate which program(s) you are expressing an interest in. Please rank preferences 1, 2, and 3.

Murdoch MacKay Collegiate

- Automotive Technology
- Carpentry
- Fashion Technology
- Metals and Aerospace
- Welding Technology

Kildonan-East Collegiate

- Automotive Technology
- Baking and Pastry Arts
- Carpentry
- Collision Repair and Refinishing Technology
- Culinary Arts
- Electrical Trades Technology
- Graphic Design
- Hairstyling
- Interactive Digital Media
- Photography
- Refrigeration and Air Conditioning

TECHNICAL EDUCATION PROGRAM EXPRESSION OF INTEREST



The attached expression of interest is to be completed by students who are interested in registering for a Technical Education program. In River East Transcona School Division, Technical Education programs are offered at both Murdoch MacKay Collegiate and Kildonan-East Collegiate. Enrolment at any entry point may be limited due to staff and space availability.

Student name:

Address:

Home phone:

Cell:

Email:

Middle years school:

Why are you interested in this program?

Describe who you are as a learner and how this fits with the program(s) you are interested in.

What are you excited about? Highlight skills or interests based on things you have experienced at school, while volunteering, or through work experience, hobbies, and extracurricular activities.

For parents: Why are you in support of this application?

Student signature:

Date:

Parent/guardian signature:

Date:

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

KEC Administration Team

KILDONAN-EAST COLLEGIATE

Gr. 9 & 10 Physical & 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 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 the Manitoba Education, Citizenship and Youth curriculum.

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.

Delivery of Potentially Sensitive Content

(Student's first and last name)

(Grade level)

Please make a choice between School Based / Alternative Delivery, check both units, sign the bottom and return this sheet to the teacher as soon as possible.

Unit	School Based	Alternative Delivery
Drug Awareness Human Sexuality	_____	_____
Human Sexuality	_____	_____

Parent/Guardian Signature

Date