



KILDONAN-EAST COLLEGIATE APPLICATION

STUDENT NAME: _____ GRADE: 11
(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 11 Registration Form

NAME: _____
 (first & last)

TEACHER ADVISOR: _____

Compulsory Course Selection: All Grade 11 students at Kildonan-East Collegiate will be enrolled in:

- English 30S 1 credit
- Mathematics 30S 1 credit
- Physical Education/Health Education 30F 1 credit
- History of Canada 30F 1 credit

Circle the appropriate course:

English

E30SCF	ELA: Comprehensive Focus	30S
E30SPA	English Language Arts 30SPA	30S
E30STF	ELA: Transactional Focus	30S
E30SLF	English Literary Focus	30S

Mathematics

M30SA	Applied Mathematics	30S
M30SE	Essential Mathematics	30S
M30SP	Pre-Calculus Mathematics	30S

Physical Education (Personal Fitness)

PEH30FPF	Physical Education/Health Education	30F
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Social Studies

HC30F	History of Canada	30F
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Physical Education

OLPEH30F	ONLINE Physical Education/Health Education	30F
PEH30F	Physical Education/Health Education	30F

Circle your course choices in boxes below

Automotive Technology 11 - Select all 4 courses

AT30SCFS	Chassis Fundamentals & Service	30S
AT30SDFS	Drive Train Fundamentals & Service	30S
AT30SEFS	Engine Fundamentals & Service	30S
AT40SAES	Automotive & Electrical Systems	40S

Electrical Trades Tech 11 - Select all 4 courses

ETT30SETF	Electrical Trades DC Fundamentals	30S
ETT30SRW	Residential Wiring	30S
ETT30SEWM	Electrical Wiring Methods	30S
ETT40SETF	Electrical Trades AC Fundamentals	40S

Photography 11 (Option) - Select both courses

PH30SPE	Photographic Equipment	30S
PH30SPL	Photographic Lighting	30S

Baking & Pastry Arts 11 - Select all 3 courses

BP30SYDP	Yeast Dough Products	30S
BP30SCFD	Cakes, Fillings, Icings & Decorations	30S
BP40STSP	Tarts and Special Pastries	40S

French

F30S	French: Communication and Culture	30S
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Photography 11 - Major-Select all 4 courses

PH30SPE	Photographic Equipment	30S
PH30SPL	Photographic Lighting	30S
PH30SDD	Digital Darkroom	30S
PH40SAPE	Adv. Photographic Equipment	40S

Career Development/Internship

LWB30S/CDI30G	Life Work Building/ Career Development Internship	30S/30G 2 credit
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Graphic Design 11 - Option: Select 1, 2 or 3
Major: Select all 4 courses

GD30SGDL	Graphic Design and Layout	30S
GD30SIGD	Illustration for Graphic Design	30S
GD30SIGRD	Interactive Graphic Design	30S
GD40SAIGD	Advanced Illustration for Graphic Design	40S

Refrigeration & A/C 11 - Select all 4 courses

RA30SSF	Systems Fundamentals	30S
RA30SEF	Electrical Fundamentals	30S
RA30SPF	Piping Fundamentals	30S
RA40SEC	Electrical Controls	40S

Carpentry 11

CP30SIEF	Interior/Exterior Finishing	30S
CP40SCM	Carpentry Millwork	40S
CP30SF	Framing	30S
CP40SAF	Advanced Carpentry	40S

Hairstyling 11 (Option)

HS30SIHA	Intermediate Hairstyling & Artificial Hairstyling	30S
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Science

B30S	Biology	30S
C30S	Chemistry	30S
P30S	Physics	30S
S30S	Senior 3 Current Topics in Sciences	30S

Collision Repair & Refinishing Tech 11 - Select all 4 courses

CR30SFCR	Fundamentals of Collision & Refinishing	30S
CR30SAMW	Automotive Metals & Welding	30S
CR30SCP	Corrosion Protection	30S
CR40SDASR	Damage Analysis	40S

Hairstyling 11 - Select all 4 courses

HS30SIH	Intermediate Haircutting & Barber Techniques	30S
HS30SHCO	Haircolouring	30S
HS30SIHA	Intermediate Hairstyling & Artificial Hairstyling	30S
HS30SCTS	Chemical Texture Services	30S

Social Sciences

HEC30SFS	Family Studies	30S
PSY40S	Psychology	40S

Computer Science 11

CS30S	Computer Science	30S
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Interactive Digital Media 11 (Option)

DM30SIDMD	Interactive Digital Media Design	30S
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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

Culinary Arts 11 - Select all 3 courses

CA30SGM	Garde Manger	30S
CA30SPB	Patisserie & Baking	30S
CA30SVFSF	Vegetables, Fungi, Starches & Farinaceous Products	30S

Interactive Digital Media 11 - Major Select all 3 courses

DM30SIDMD	Interactive Digital Media Design	30S
DM30SIDAC	Interactive Digital Asset Creation	30S
DM30SCIDM	Coding for Interactive Digital Media	30S

Spanish

SP30S	Spanish: 3 Year Programming	30S
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Dance

DAN 1A30S	Dance 1A, Dance 30S	30S
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Music

MUCB30S	Music, 1A Concert Band	30S
MUCC30S	Music, 2A Choir	30S
MUG30S	Music, 3A Guitar 30S	30S
MUJB30S	Music, 4A Jazz Band	30S*
MUMP30S	Music, 7A Music Production	30S

* Must be enrolled in same grade level of Concert Band

Treaty

	Treaties and the Treaty Relationship	40S
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Visual Arts

VART30S	Visual Art	30S
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***COURSE OFFERINGS SUBJECT TO CHANGE**
****It is recommended that Grade 11 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.retsdb.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