



# 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](mailto:kec@retsd.mb.ca) Web: [www.kec.retsd.mb.ca](http://www.kec.retsd.mb.ca)

SCHOOL YEAR 2024/2025

**STUDENT NAME:** \_\_\_\_\_ **GRADE:** 11  
(Please print first & last name)

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

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

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](http://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 11 REGISTRATION FORM**

**NAME:** \_\_\_\_\_

**TEACHER ADVISOR:** \_\_\_\_\_

first/last

**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 your course choices in boxes below**

English		
E30SCF	ELA: Comprehensive Focus	30S
E30SLFA	ELA: Literary Advanced *	30S
E40SLFA	ELA: Literary Advanced *	40S
E30STF	ELA: Transactional Focus	30S
E30SLF	ELA: Literary Focus	30S
E30SLF	ELA: Literary Focus - Storytelling	30S

Mathematics		
M30SA	Applied Mathematics	30S
M30SE	Essential Mathematics	30S
M30SP	Pre-Calculus Mathematics	30S
M30SPA	Pre-Calculus Mathematics Advanced *	30S
M40SPA	Pre-Calculus Mathematics Advanced *	40S

Physical Education		
OLPEH30F	<b>ONLINE</b> Physical Education/Health Education	30F
PEH30F	Physical Education/Health Education	30F

Social Studies		
HC30F	History of Canada	30F

Physical Education (Personal Fitness)		
PEH30FPF	Physical Education/Health Education	30F

**Circle your course choices in boxes below - course offerings are subject to change**

**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

**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

**Career Development/Internship**

LWB30S/CDI30G	Life Work Building/Career Development Internship	30S/30G 2 credits
LWB30S	Life Work Building	30S 1 credit

**Carpentry 11**

CP30SIEF	Interior/Exterior Finishing	30S
CP40SCM	Carpentry Millwork	40S
CP30SF	Framing	30S
CP40SAC	Applied Carpentry	40S

**Carpentry Intensive Trial**

**\*\*Please see your school counsellor for an application form**

**Collision Repair & Refinishing Tech 11 - Select all 4 courses**

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

**Computer Science 11**

CS30s	Computer Science	30S
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**Culinary Arts 11 - Select all 3 courses**

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

**Dance**

DAN 1A30S	Dance 1A, Dance 30S	30S
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**Drama**

DR30S	Drama, 1A Drama	30S
DRTP30S	Drama, 4A Theatre Practicum	30S

**Electrical Trades Tech 11 - Select all 4 courses**

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

**French**

F30S	French: Communication and Culture	30S
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**Graphic Design**

**Major: Select all 4 courses**

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

**Hairstyling 11 (Option)**

HS30SIHA	Intermediate Hairstyling & Artificial Hairstyling	30S
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**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

**Interactive Digital Media 11 (Option)**

DM30SIDMD	Interactive Digital Media Design	30S
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**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

**Music**

MUCB30S	Music, 1A Concert Band	30S
MUCC30S	Music, 2A Choir	30S
MUG30S	Music, 3A Guitar 30S	30S
MUIB30S	Music, 4A Jazz Band	30S*
MUMP30S	Music, 7A Music Production	30S

\* Must be enrolled in same grade level of Concert Band

**Photography 11 (Option) - Select both courses**

PH30SPE	Photographic Equipment	30S
PH30SPL	Photographic Lighting	30S

**Photography 11 - Major-Select all 4 courses**

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

**Science**

B30S	Biology	30S
B30SA	Biology Advanced	30S
C30S	Chemistry	30S
C30SA	Chemistry Advanced *	30S
C40SA	Chemistry Advanced *	40S
P30S	Physics	30S
S30S	Senior 3 Current Topics in Sciences	30S

**Social Sciences**

HEC30SFS	Family Studies	30S
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**

SP30S	Spanish: 3 Year Programming	30S
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**Treaty**

TTR41G1	Treaties and the Treaty Relationship	41G
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**Visual Arts**

VART30S	Visual Art	30S
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\*Students interested in taking 42AP English, Calculus or Chemistry must take 30S and 40S Advanced courses in these subject areas in their grade 11 year.

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*

***KEC Administrative Team***