



# Valley Gardens Middle School

220 Antrim Road | Winnipeg, MB R2K 3L2 | Tel: 204.668.6249 | Fax: 204.668.9367

Principal: Brenna Frith | Vice-principal: Phillip Barto | Email: [vg@retsd.mb.ca](mailto:vg@retsd.mb.ca) | Web: [www.retsd.mb.ca/vg](http://www.retsd.mb.ca/vg)

March, 2025

Dear Parents/Guardians of Students in Grade 5,

Attached please find the registration package for the 2025-26 school year. The following information may be of assistance in preparing for this transition into middle school.

1. Please complete the attached registration form including your child's choice of three Expressive Arts Options numbered in order of preference. Giving all students their first choice is our goal, but it cannot be guaranteed. Sometimes students will be given their second or third choice. The school will make the final decision.
2. Regarding Options, students need to choose between Band, Guitar or Art and are expected to commit to this choice for their remaining two years at VGMS. Students who choose the Band option will be contacted by our Band Teacher to give students the opportunity to try instruments before selecting. Being in Band requires renting an instrument (see Band/Guitar FAQ).
3. Information regarding required supplies and student fees will be forwarded to you in June.
4. Bus Transportation: Generally, all Grade 6 students who reside more than 1.6 kilometres from their designated school are eligible for transportation. If your child meets the 1.6 km criteria, fill out the attached transportation application form. If you have any other concerns, please call the Transportation office at 204.669.0202.

We look forward to having your sons/daughters become part of the Valley Gardens Middle School community. Please do not hesitate to call us at 204-668-6249 if you require further information.

Sincerely,

A blue ink signature of Ms. B. Frith, consisting of a stylized 'B' followed by a horizontal line.

Ms. B. Frith  
Principal

A blue ink signature of Mr. P. Barto, consisting of a stylized 'P' followed by 'Barto'.

Mr. P. Barto  
Vice-Principal



# 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: **2025 - 2026**

School name: \_\_\_\_\_

Applying for **GRADE 6**

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.





## Grade 6 Expressive Arts Option

Student Name: \_\_\_\_\_

### REQUIRED COURSES:

- Language Arts
- Science
- French
- Applied Arts (Home Ec, Graphic Arts, Woods)
- Mathematics
- Social Studies
- Phys. Ed. (Health)
- Expressive Arts (See Below)

### EXPRESSIVE ARTS OPTION:

Students have the option of choosing between Band, Guitar or Art (3-year commitment).  
The school will make the final decision.

#### \_\_\_\_\_ **Band** *(full year)*

*In Band you can expect to learn how to read and write music, proper technique for your instrument, how to create a basic tone and how to play in a large ensemble. We will explore famous composers, different genres from classical to jazz, listen to great works of musical art, play a variety of wind band repertoire as well as participate in various wind band festivals. This may also include digital music making. If you're looking to nurture your inner musician, this is the class for you!*

#### \_\_\_\_\_ **Guitar** *(full year)*

*In Guitar you can expect to learn how to read and write music, proper instrument technique, how to be a part of a guitar ensemble, some of your favourite rock licks and an introduction to chording & strumming. This may also include digital music making. We will explore famous musicians, bands and artists, well known songs, and introduce you to some new music you might not even know about!*

#### \_\_\_\_\_ **Visual Arts** *(full year)*

*This full year course will expose students to a variety of mediums like clay, acrylic/tempra/watercolour paints, pen and pencil and many others in a fun and dynamic environment. It will also focus on improving the students' ability to communicate visually which is a very important skill to have in this ever increasingly visual world in which we live. By the end of grade 8, students will have had a wide variety of Visual Art experiences and will be able to make an informed decision about moving on to the many choices for the Visual Arts in High School.*



# FAQ - Band Student (a 3-year commitment)



## 1. How are the expressive arts options decided?

Valley Gardens tries to give Grade 6 students their first choice of expressive arts options, but sometimes must give students their second choices. There are several factors including class availability and class configurations that must be considered in this process. For this reason, not everyone will be able to receive their first choice.

## 2. How much does an instrument rental cost?

Most band instruments can be rented for approximately \$150-400/year. However, the larger band instruments like the Tuba and the Euphonium are more expensive to rent from music stores, so the school rents these instruments to students for \$150/year.

## 3. What Instruments can I play in band?

There are several different instruments in band: Tuba, Euphonium, Trombone, Trumpet, Clarinet, Flute, Bass Clarinet, Alto Saxophone, Tenor Saxophone, Baritone Saxophone, French Horn, Oboe and Percussion.

## 4. Where do I get an instrument?

We have a very limited supply you may be able to rent. Band instruments that are not provided by the school (flute, clarinet, trumpet, trombone) can be rented at Long and McQuade, St. John's Music or Quest Musique.

## 5. Can I play the DRUMS in band?

Yes. In band class the drums are one aspect of being a percussionist. It is very important for percussionists to learn to play mallet percussion (xylophone, bells, etc.) as well as the snare drum, bass drum and drum kit.

## 6. Do I need to bring my instrument to and from school?

No. You may take it home as often as you want. Time is provided at school for most practice.

## 7. Am I allowed to switch band instruments?

In very rare circumstances, it is an option, but not recommended. Sometimes a student may be offered an instrument switch.

## 8. Can I join Band in Grade 7 if I don't take it in Grade 6?

It is very unlikely that a student will be able to join Band in Grade 7 if they did not take the class in Grade 6.

## 9. How often do I have Band class?

All music classes are scheduled three times a cycle, for the whole year.

## 10. How much am I expected to practice my instrument?

Practice as much as you wish. The more you try the better the results and the more fun you'll have.

## FAQ - Guitar Student (a 3-year commitment)



### 1. How are the expressive arts options decided?

Valley Gardens tries to give Grade 6 students their first choice of expressive arts options, but sometimes must give students their second choices. There are several factors including class availability and class configurations that must be considered in this process. For this reason, not everyone will be able to receive their first choice.

### 2. Do guitar students need an instrument at home?

No. Practice time is provided and mandatory at school.

### 3. How much does a guitar rental cost?

If you would like to rent, guitars may be rented for approximately \$50/year, although a suitable beginner guitar (Yamaha C-40) can be purchased for approximately \$150 at either Long and McQuade or St. John's Music.

### 4. Do I need to bring my instrument to and from school?

No. Students have a guitar to use at school.

### 5. Can I join Guitar class in Grade 7 if I don't take it in Grade 6?

It is very unlikely that a student will be able to join Guitar class in Grade 7 if they did not take the class in Grade 6.

### 6. How often do I have Guitar class?

All music classes are scheduled three times a cycle, for the whole year.

### 7. How much am I expected to practice my instrument?

Practice as much as you wish. The more you try the better the results and the more fun you'll have.



# Valley Gardens Middle School

220 Antrim Road | Winnipeg, MB R2K 3L2 | Tel: 204.668.6249 | Fax: 204.668.9367  
Principal: Kai Jacob | Vice-principal: Phillip Barto | Email: vg@retsd.mb.ca | Web: www.vg.retsd.mb.ca

## 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 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 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 physical education classes, community resource days, multi-activity days, etc. As examples, these could include activities like a Terry Fox or Partnership Walk, jogging in phys. ed. class, taking a class to a nearby park, arena, school, store or other community facility.*

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 ought to 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.**

### Parental Informed Consent:

Student's Name (please print): \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Effective Date: December 16, 2003  
Amended Date: June 21, 2005; April 17, 2018  
Board Motion(s): 683/03; 349/05; 94/18  
Legal/Cross Reference: IJOA- Out of School Education

Review Date:



# TRANSPORTATION APPLICATION (FORM A)



Date: \_\_\_\_\_ Complete Parts A and B and return the completed form to the class teacher or principal.

## PART A

Student name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Mailing address: \_\_\_\_\_

City/town: \_\_\_\_\_ Postal code: \_\_\_\_\_

## PART B

School bus transportation is requested for the above named student.

Home address: \_\_\_\_\_ Phone: \_\_\_\_\_

Babysitter address (if applicable): \_\_\_\_\_ Phone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Cohort: \_\_\_\_\_

\_\_\_\_\_  
Parent/student signature

Check appropriate box:

- |  |   |
|--|---|
| <input type="checkbox"/> Student attending French immersion                    | <input type="checkbox"/> Student attending regular academic program |
| <input type="checkbox"/> Student attending English-German Bilingual Program    | <input type="checkbox"/> Student attending EAL                      |
| <input type="checkbox"/> Student attending English-Ukrainian Bilingual Program | <input type="checkbox"/> Student attending vocational program       |
| <input type="checkbox"/> Student attending International Baccalaureate         | <input type="checkbox"/> Student attending kindergarten, odd days   |
| <input type="checkbox"/> Student attending Advanced Placement                  | <input type="checkbox"/> Student attending kindergarten, even days  |

\_\_\_\_\_  
Principal signature

**Any changes relating to the information contained in this form must be reported to the transportation department immediately.** Questions should be directed to the transportation department at 204.669.0202.

## RELEVANT MEDICAL INFORMATION

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

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

## FOR DEPARTMENT USE ONLY

Request approved: \_\_\_\_\_ Pickup bus: \_\_\_\_\_

Request denied: \_\_\_\_\_ Transfer to: \_\_\_\_\_

Transfer bus: \_\_\_\_\_

Take home bus: \_\_\_\_\_

Authorized: \_\_\_\_\_ Date: \_\_\_\_\_

