	me: Grade:
	(Please print LAST NAME, FIRST NAME)
	PROGRAM OF STUDY: PLEASE CHECK ONE
	☐ Regular English ☐ English/Ukrainian Bilingual
	Please take note of the following River East Transcona School Division policies:  Instructional Technology Use IJND and form IJND-E1  Media Coverage, Copyright Permission KDDB and form KDDB-E1
	Both of these policies can be found at <a href="www.retsd.mb.ca">www.retsd.mb.ca</a> Parents/Guardians are assumed to be in agreement of these policies unless otherwise indicated.  In for your child to opt out, parents/guardians may contact the school to request the appropriate form(
	DOCUMENTS REQUIRED WITH REGISTRATION:
Proof o	f Residency of Legal Guardian: (2 pieces required)
	Manitoba Driver's Licence  Manitoba Health Card (address & medical #'s verified)  Utility Bill (name and corresponding address)  Tenancy Agreement (duly signed)  Offer to Purchase documents (complete with signatures)
	f Age (for Kindergarten students and students who are new to the division):
	Birth Certificate  Rantismal Cartificate
	Baptismal Certificate Passport
	Treaty Card
	Certificate of Birth Registration, signed by Director of Vital Statistics
Guardia	unship (if applicable):
	Court documents (Interim and/or Final Order, Variance Orders may also be applicable)  Voluntary Placement Agreement (VPA)  Child in Care form
Schools	of Choice Form (if applicable):
	In Division/Out of Designated School Boundary
	Out of Division/District

\_\_\_\_\_\_ Teacher \_\_\_\_\_\_\_ Room # \_\_\_

Student # \_\_\_



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	024 - 2025
School name: PRIN	CE EDWARD SCHOOL	Applying for Gra	ade
Usual LAST name:	Usual FIRST name:	Usual MIDDLE n	ame:
Legal LAST name:	Legal FIRST name:	Legal MIDDLE na	ame:
Legal gender: $\square$ Male $\square$ Female Preferred gender (if applicable): $\square$	Trans male □ Trans female □ Two	o-Spirit 🛘 Gender non-conform	ing
Birth date: (mm/dd/yy)	Langu	age spoken at home:	
Home address: Apt. # Ho	use # Street:		
City:	Province:	Postal code:	
	Student home #:		
Student Manitoba Medical: Pers	sonal # (9-digit)	Student family # (6-dig	it)
Are you a resident of River East Tra	nscona School Division? 🗆 Yes 🗀 No	O (If no, complete and attach a Schoo	ols of Choice application)
,	nscona School Division? ☐ Yes ☐ Note? ☐ Yes ☐ Note Last school		
Is the student a high school gradua		attended:	
Is the student a high school gradua  If not a Canadian citizen, please ide	te? □ Yes □ No Last school	attended:Canada) authority:	
Is the student a high school gradua  If not a Canadian citizen, please ide  □ A) Permanent resident □ B) Re	te?	attended: Canada) authority: ] D) Study permit	
Is the student a high school gradua  If not a Canadian citizen, please ide  □ A) Permanent resident □ B) Re	te?	attended: Canada) authority: ] D) Study permit	
Is the student a high school gradua  If not a Canadian citizen, please ide  A) Permanent resident B) Re  Date entered Canada: (mm/dd/yy) _  CONTACT INFORMATION  The following primary and emerger	te?	Canada) authority:  D) Study permit	unded students or critical, time-sensitive
Is the student a high school gradua  If not a Canadian citizen, please ide  A) Permanent resident B) Re  Date entered Canada: (mm/dd/yy) _  CONTACT INFORMATION  The following primary and emerger information using our mass notifications from this system.	te?	Canada) authority:  D) Study permit  E) Other  OFFICE: A—C are provincially function the event of an emergency or for e provided for each contact to be	unded students or critical, time-sensitive e able to receive
Is the student a high school gradua  If not a Canadian citizen, please ide  A) Permanent resident B) Re  Date entered Canada: (mm/dd/yy) _  CONTACT INFORMATION  The following primary and emerger information using our mass notifications from this system.	te?	Canada) authority:  D) Study permit  E) Other  OFFICE: A—C are provincially function the event of an emergency or for e provided for each contact to be	unded students or critical, time-sensitive e able to receive
Is the student a high school gradua  If not a Canadian citizen, please ide  A) Permanent resident B) Re  Date entered Canada: (mm/dd/yy) _  CONTACT INFORMATION  The following primary and emerger information using our mass notifications from this system.  Custody: Are there any legal restrictions.	te?	Canada) authority:  D) Study permit  E) Other  OFFICE: A—C are provincially function the event of an emergency or for e provided for each contact to be	unded students or critical, time-sensitive e able to receive
Is the student a high school gradua  If not a Canadian citizen, please ide  A) Permanent resident B) Re  Date entered Canada: (mm/dd/yy) _  CONTACT INFORMATION  The following primary and emerger information using our mass notifications from this system.  Custody: Are there any legal restrict List in order of priority to call:	te?	Canada) authority:  D) Study permit	unded students or critical, time-sensitive e able to receive t be on file at the school)
Is the student a high school gradua  If not a Canadian citizen, please ide  A) Permanent resident B) Re  Date entered Canada: (mm/dd/yy) _  CONTACT INFORMATION  The following primary and emerger information using our mass notifications from this system.  Custody: Are there any legal restrict List in order of priority to call:  1st/primary contact	te?	Canada) authority:  D) Study permit    E) Other   OFFICE: A—C are provincially for the event of an emergency or for e provided for each contact to be fixes, a copy of legal documents must fixes.	unded students or critical, time-sensitive e able to receive



Home phone:	_ Unlisted? ☐ Yes ☐ No Cell:	Email:	
Legal guardian? ☐ Yes ☐ No	Can pick up student? ☐ Yes ☐ No	Has custody of student	t? □ Yes □ No
Send additional report card? ☐ Yes	☐ No This contact is restricted	d?□Yes□No	
Phone number to call in case of em	ergency:		
Upon registration, Parent Portal log	in information will be provided by the sch	ool.	
2nd contact			
LAST name:	FIRST name:	□ Mr □ Mrs □ Ms	Relationshin:
Address: ☐ Same as above	Other:		
	Work phone:		
	Work priorie Unlisted □ Yes □ No Cell:		
	Can pick up student ☐ Yes ☐ No		
	□ No This contact is restricted □ \	·	163 2 140
·	ergency:		Portal access □ Yes □ No
Thome number to can in case of em		Would like Furence	Ortanaccess in res in res
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 $\square$ Yes $\ \square$ No	Has custody of stude	ent □ Yes □ No
Send additional report card $\square$ Yes	$\square$ No This contact is restricted $\square$	Yes □ No	
Phone number to call in case of em	ergency:	Would like Parent F	Portal access 🗆 Yes 🗆 No
Daycare or other contact			
LAST name:	FIRST name:	☐ Mr. ☐ Mrs. ☐ Ms.	Relationship:
	Other:		
	Work phone:		
Home phone:	_ Unlisted? ☐ Yes ☐ No Cell:	Email:	
Legal guardian? ☐ Yes ☐ No	Can pick up student? $\square$ Yes $\square$ No	Has custody of stude	ent? □ Yes □ No
This contact is restricted? ☐ Yes ☐	No Phone number to call in case	of emergency:	
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		S C H O O L D I V I S I O N
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.	<ul><li>☐ Chromebook</li><li>☐ Laptop</li><li>☐ Mobile phone (student-owned)</li><li>☐ Mobile phone (parent-owned)</li></ul>	<ul><li>□ Desktop</li><li>□ Tablet</li><li>□ No device</li></ul>
Would the device(s) be brought to school?	☐ Yes ☐ No	
SIBLINGS		
Please list the full legal names of all siblings of the student who parent(s)/guardian(s) listed on page 1/2 are legal guardian(s).	o are attending any RETSD schools—only	y those for whom the
SIGNATURES		
The following signatures verify that the above information is trepupil file will be forwarded to the next school of attendance.  I consent to receive, via email, information in the form of neand school activities, including fundraising and promotions. (If contact the school office.)  Email address:  Parent/guardian:	ewsletters, school updates and announc at any time you wish to be removed fro	ements regarding division m our email list, please
Date:		
Indigenous Identity Declaration helps to support the efforts of improve programs in a way that is responsive to Indigenous least optional. It is being collected in compliance with section 36(1)((FIPPA) as it is necessary for and relates directly to the activity programs	arners. <b>Providing this personal informa</b> (b) of the Freedom of Information and P	tion is voluntary and Protection of Privacy Act
l, (nar	me of parent/guardian, please print clea	arly):
<ul> <li>□ Am submitting my child's Indigenous Identity Declaration fo</li> <li>□ Am making changes to my child's Indigenous Identity Declar</li> <li>□ Already submitted my child's Indigenous Identity Declaratio</li> </ul>	ration	at this time
Is your child an Indigenous person, that is, First Nation (North A that best describe(s) your child now (note: First Nations (North		

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		S C H O O L D I V I S I O N
$\square$ Yes, First Nation (North American Indian)		
☐ Yes, Métis		
☐ Yes, Inuk (Inuit)		
Which best describes your child's Indigenous c	ultural-linguistic id	entity? Please select up to two choices:
$\square$ Anishinaabe (Ojibway/Saulteaux)		□ Oji-Cree
☐ Ininiw		☐ Michif
☐ Dene (Sayisi)		☐ Inuktitut
□ Dakota		☐ Other: Please specify:
MEDICAL QUESTIONNAIRE		
Please complete the following (specify yes if phy	ysician-diagnosed)	
1. Anaphylaxis	☐ Yes ☐ No	
2. Anaphylaxis—has EpiPen prescribed	☐ Yes ☐ No	
3. Asthma	☐ Yes ☐ No	
4. Asthma—has inhaler prescribed	☐ Yes ☐ No	
<ol><li>Bleeding (i.e. hemophilia, Von Willebrand disease)</li></ol>	□ 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	
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21. Tracheostomy		☐ Yes ☐ No			
22. Ventilator ☐ Yes ☐ No					
23. Other intervention/condition/diagnosis					
*Other health condition(s	*Other health condition(s) must be physician-diagnosed with supporting documentation provided.				
	ared with appropria	ate individuals. This information	-	rogramming may be developed. This ted by The Personal Health Information	
SUPPORT SERVICES					
Please indicate if the stude	ent has utilized any	of the following services		<b>OFFICE:</b> If any items have been checked off, forward to the school principal	
☐ Resource	☐ School counsel	llor			
☐ Reading	$\square$ Psychology				
☐ Psychiatry	☐ Speech & langu	uage			
☐ Social work	$\square$ Occupational tl	herapy			
☐ Physiotherapy	☐ Outside agency	y			
$\square$ Child in care	☐ Other				
If any services above are c	hecked (√), please	complete details below			
Name of agency/support s	ervice:		Conta	ct person:	
Address:			Phone	2:	
Briefly describe the reason	for service:				
Name of agency/support s	ervice:		Conta	ct person:	
Name of agency/support service: Address:				e:	
briefly describe the reason	ioi service.				
The support services inform	mation is being colle	ected so appropriate educationa	l services	may be provided for your son/daughter.	

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.



# **Prince Edward School**

649 Brazier St. | Winnipeg, MB R2K 2N4 | Tel: 204.667.5727 | Fax: 204.668.9345 | Principal: Carla Faria | Email: pe@retsd.mb.ca | Web: www.pe.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 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 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 Terry Fox Walk, jogging for Phys. Ed. class, taking a class to a nearby park, community walks.

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 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.

Student's Name (please print):		
Parent / Guardian Signature	Date	





## K-4 PHYSICAL EDUCATION / HEALTH EDUCATION

## **Parental Option for Potentially Sensitive Content**

The K-4 Physical Education/Health Curriculum contains potentially sensitive outcomes in the following areas:

- Personal Safety
- Substance Use and Abuse Prevention
- Human Sexuality.

The curriculum is developmentally and age appropriate. For example, at K-4, Personal Safety helps children identify safety rules for child protection and how to avoid dangerous situations. Substance Use and Abuse Prevention focuses on identifying helpful and harmful substances and how to safely and properly take prescription medications. Human Sexuality identifies basic changes in growth and development such as changes to teeth, height, and clothes size.

The Manitoba Education department of the provincial government has mandated all potentially sensitive outcomes. Parents have the option to choose school based delivery or an alternative delivery for this potentially sensitive content. Alternative delivery of the potentially sensitive content becomes the responsibility of the parent (i.e., home, professional counseling) where the content is in conflict with family, religious or cultural values.

Please complete the form attached indicating either school based delivery or alternate delivery of the potentially sensitive content for your child. Please note that the permission form is a multi-year form, covering Kindergarten to Grade 4. Choice of school based delivery or alternate delivery can be changed at any time. Please notify the school, in writing, to request a change.

If you require more information, Parent Handbooks and curriculum materials are available at the school. The school will also host information meetings on the Physical Education/Health Education Curriculum.





# **Prince Edward School**

# **K-4 PHYSICAL EDUCATION / HEALTH EDUCATION**

## **Parental Option for Potentially Sensitive Content**

The Manitoba Education department of the provincial government has mandated all potentially sensitive outcomes. Please complete either the School Based Delivery Form or the Alternate Delivery Form below:

1. School Based Delivery I	Form
My child	
(Child's first and last name)	(Grade)
Has my/our permission to participate in the school by potentially sensitive issues as outlined by the Manito	•
(Parent / Guardian Signature)	(Date)
2. Alternate Delivery Fo	rm
I assume the responsibility for an alternative, home professional counselling) of the potentially sensitive the content is in conflict with family, religious or cult	content for my child where
(Child's first and last name)	(Grade)
(Parent / Guardian Signature)	(Date)



## **Prince Edward Lunch Program**

649 Brazier Street, Winnipeg, MB R2K 2N4 Phone: 204-667-5727 email: princeedwardlunchprogram@hotmail.com

Prince Edward School is proud to host a strong lunch program – the Prince Edward Lunch Program (PELP).

#### What is PELP?

The Prince Edward Lunch Program is a user-pay lunch supervision program, which is overseen by a volunteer organizing committee of parents in cooperation with school administration.

## Why a lunch program?

River East Transcona School Division (RETSD) is not responsible for the care and supervision of your child during the lunch hour. This responsibility falls on parents/guardians. RETSD understands that many factors including employment and distance make it difficult or impossible for most students to return home for the lunch hour. For this reason they are committed to working with parent-run committees to support user-pay lunch supervision programs.

## What does the lunch program provide?

PELP provides caring and qualified supervision for the students of Prince Edward during the lunch hour by the hiring of adult lunch supervisors. PELP staff monitor students while they eat their lunch in their classrooms and then during the mid-day recess (be it indoor or outdoor). All PELP staff have completed a child abuse registry check and criminal record check (vulnerable sector), signed the RETSD pledge of confidentiality, and received first aid and CPR training.

#### What are the fees?

RETSD has mandated that lunch program fees cannot exceed \$1.10 per student per day. The 2023/2024 school year had 186 school days for students in grades 1-5 and 90 for students in kindergarten thus, the lunch program fees for full-time use were \$204.60 and \$99.00 respectively. These amounts will change slightly for the 2024/2025 year to align with the exact number of school days.

## How are fees paid?

Fees can either be made for the full year or in a variety of instalment plans. PELP accepts cheque or cash.

## What are the fees used for?

PELP is a not-for-profit organization, and all fees are used for staff wages, training, a yearly audit of our books, and miscellaneous supplies.

#### Does my child need to participate?

PELP offers various levels of participation that range from full-time to casual to not-participating. Casual participation is for students who go home for lunch most days but want the option of staying at school for lunch occasionally. A 10-day casual pass can be purchased for \$11. Additional days may be purchased throughout the year.

#### How do I sign up?

A registration package will be sent home in the fall with all necessary information. That being said, we'd ask all new families to Prince Edward School to fill out the bottom portion of this paper and return it to the school. This is not a formal commitment to PELP but would be deeply helpful as we plan for our staffing needs for the 2024/2025 school year.

Informal Interes	st in the 2024/2025 Prince Ed	dward Lunch Program
Name and grade of child/children		
Level of participation		
☐ Full-time	☐ Casual	■ Not participating