



École Regent Park

411 Moroz St. | Winnipeg, MB R2C 2X4 | Tel: 204.958.6830 | Fax: 204.222.4885
Principal: Mme L. Grande | Vice-principal : Mme D. Pockett
Email: erp@retsd.mb.ca | Web: www.retsd.mb.ca/erp

Dear Families,

It is our **pleasure** to welcome everyone to a new school year at École Regent Park. The return to school is an opportunity to share, reconnect and welcome new members to our ÉRP family.

Your child's 2024-25 registration package is enclosed. Please review the documents carefully and return all necessary forms to our main office, along **with 2 pieces of identification to confirm address as well as proof of age documentation (Birth Certificate, Passport, Health Card, Treaty Card, Baptismal Certificate or Certificate of Birth Registration, signed by Vital Statistics)**. Your prompt responses will ensure continuity in your child's programming and will enable the school to maintain accurate records.

A new school year brings with it opportunities to pursue many goals. At École Regent Park, we strive to develop and help our students grow in four key areas which have become the mission statement for our school: **Excellence, Responsibility, Participation and Service**. We all have unique gifts and talents that demonstrate and reflect these ideals. Let us use a fresh new year as a chance to build on those strengths!

Mme Lucia Grande
Principal

Mme Deanna Pockett
Vice-Principal



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ÉRP Parent Advisor Council (PAC) Meeting **Every third Tuesday of the month at 6:30 p.m.**

We invite all parents to join us for this meeting as we launch a new school year and an exciting program of activities for our students and their families. Our first PAC meeting will be September 17th at 6:30 p.m. in our school library.

Any questions or concerns, please contact our PAC president, Lisa Kocis at lkocis@retsd.mb.ca

Lunch Time in Our Building

We remind all families that students at École Regent Park are required to remain on school property during the lunch hour recess. Only students in grades 6, 7, or 8 who have a signed and dated note from their parents have permission to leave the property. This note must be seen and initialed by your child's homeroom teacher and office staff before 9:00 a.m., and your child must keep the note on his/her person until the end of the lunch hour. Please read through the lunch hour policy section in our student agenda for complete details. A hard copy agenda will be sent home to all of our grade 4, 5 and 6 students. An electronic copy of the agenda is located on our school website under DOCUMENTS and FORMS.

During the lunch hour, we have microwaves available in each wing of the school. The microwaves serve as an option to provide your child with a special hot lunch from home. Our microwave stations will begin the second week of September.

School Parking Lot

We ask families **not to use the staff parking lot as a drop off-pick up area**. Our students cross the entrance in the morning to get to the field. The entering and exiting of vehicles can make it dangerous for our students. If students must be dropped off or picked up, we ask that you use **a designated area on a neighboring street**. Thank you for your cooperation in making our school grounds safe. Note that the parking lot across the street on Moroz street is private property. We would also like to inform you that Moroz St is a no parking/stopping zone during bus pick up and drop off times. Please adhere to the signage.



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To decrease overcrowding, we will continue to have each grade level access various doors for morning and afternoon entry and exits. Further details will be provided in our welcome package in September.

Hot Lunches

Starting in October, we will have **hot lunches** once a month. We use a platform called Healthy Hunger. Further details on exact dates and how to use Healthy Hunger will be communicated by email in the future.

Bring Your Own Device (BYOD)

To support the use of technology in teaching and learning, Bring Your Own Device (BYOD) guidelines will be in place for all students in (grade 6-8).

Encouraging students to use personal devices in classrooms during instructional time:

- **Supports the transition between in-class and home learning**
- **Extends teaching and learning opportunities using technology**
- **Provides opportunity for modelling and teaching digital literacy practices**

Teachers, students, and parents should be aware of the BYOD guidelines and the related RETSD policies. This DOES NOT mean that student must have their own device. This approach allows students who have their own device to leverage its use in-class **under the direction of the teacher.**

RETSD BYOD Parent Guidelines:

<https://www.retsd.mb.ca/Lists/Publications/BYOD%20Parent%20FAQ%20Aug%202020.pdf>

RETSD BYOD Student Guidelines:

<https://www.retsd.mb.ca/Lists/Publications/BYOD%20Student%20guidelines%20Nov%202017.pdf>

<https://www.retsd.mb.ca/yourretsd/Policies/Documents/GBEE.pdf>

<https://www.retsd.mb.ca/yourretsd/Policies/Documents/IJND.pdf>



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New Technology use and Media Release

The new technology use [Policy IJND](#), and [Policy Form IJND-E1](#) as well as the updated media release [Policy KDDB](#) and [Policy Form KDDB-E1](#) have been revised. We would like to give notice that these policies are in place. If you wish to opt out, you have the option to do so by filing out the forms and returning them to the school.

Cell Phones and Electronic Devices

Personal electronic devices and cell phones must be turned off during instructional time unless directed by the adult in charge. Unauthorised use of these devices may disrupt the instructional program and distracts from the learning environment. This applies to the formal school day, including school sponsored events such as field trips, extracurricular activities, and intramurals. In grades 6, 7 and 8, students will have the opportunity to use their devices for the sit-down portion of the lunch hour (12:10-12:35 pm).

Students are required to come to the office if they wish to contact families if feeling ill and need to be picked up. It is also encouraged that parents-guardians contact the school **directly** if they decide to have their children picked up early. Having every child accounted for at all times is a serious safety concern for the school. Thank you for your co-operation and understanding.

Communication

At ERP, we are committed to keeping the community informed and engaged. We have various methods of communication between families and the school at ERP. Please make sure we have your current e-mail address in our system by completing the verification forms at the beginning of the year, or by contacting the office anytime.

- ❖ Weekly or biweekly electronic memos sent to families by e-mail
- ❖ Monthly or bimonthly newsletters sent to families by e-mail.
- ❖ Twitter Feed for **Ecole Regent Park @erp_RETSD**



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- ❖ ERP website will have the most current dates and information pieces. Please visit our new site at; www.retsd.mb.ca/erp

Industrial Arts

Please note that our grade 6, 7 and 8 students will be attending Industrial Arts rotational courses once a week for half a day at either ÉRP or Arthur Day. Students are transported to their respective courses by divisional bus. Detailed information is in the front of the Student Agenda book. [Student Agenda and Important Information](#)

Thank you for taking the time to look over our Welcome Package for the 2024-25 school year that we will send out in September. We will also be hosting our OPEN HOUSE on September 3rd between 4:30-6:30 p.m. If you have any questions, please do not hesitate to contact the school at any time. We look forward to another exciting year of learning at **École Regent Park!**

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.



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2-8 PHYSICAL EDUCATION / HEALTH EDUCATION 2024-2025

Parental/Legal Guardian Option for Potentially Sensitive Content

Physical Education/Health Curriculum contains potentially sensitive outcomes in the following areas in **grade 5 and grade 7**:

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

The curriculum at all grade levels is developmentally and age appropriate. For example, at grades 2-8, students develop self-understanding, to make health enhancing decisions, to work cooperatively and fairly with others, and to build positive relationships with others. Personal Safety helps students identify safety guidelines to protect themselves in potentially dangerous situations, and to better understand positive relationships. Starting in grade 5, Substance Use and Abuse Prevention includes distinguishing between helpful and harmful substances, as well as their effects on the body. In Human Sexuality, students will learn about basic changes in growth and development such as changes to teeth, height, clothes size and eventually the structure and function of the reproductive system changes in puberty, recognizing the importance of abstinence and responsible decision-making. Teachers have specific division mandated training on this curriculum.

The Manitoba Education, Citizenship and Youth department of the provincial government has mandated all potentially sensitive outcomes. Parents/Legal Guardians 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/legal guardian (i.e., home, professional counseling) where the content conflicts with family, religious or cultural values.

Please retain this page for your records. Complete and return the attached form, 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 Grade 2 to Grade 8.** Choice of school-based delivery or alternate delivery can be changed at any time. Please notify the school, in writing, to request a change.

Information outlining the potentially sensitive outcomes in grades 5 and 7 can be found by visiting this link:

https://www.edu.gov.mb.ca/k12/cur/physhlth/hs_k-8/index_w.html



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2-8 PHYSICAL EDUCATION / HEALTH EDUCATION 2024-2025

Parental/Legal Guardian 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 of 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

(Date)

(Child's first and last name)

(Grade)

Topic	School-Based Delivery	Alternate Delivery
Personal Safety	_____	_____
Substance Use and Abuse Prevention	_____	_____
Human Sexuality	_____	_____

(Parent /Legal Guardian Signature)



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EMERGENCY DISMISSAL AND CLOSING OF SCHOOLS 2024-2025

In the event of a snowstorm and/or early dismissal, it is not possible for the school to contact all parents/legal guardians by phone. In order to ensure your child's safety, we would appreciate it if you would fill in the bottom portion and have it returned to the school.

STUDENT'S NAME: _____ HOME PHONE: _____

GRADE LEVEL: _____ TEACHER: _____

Parent(s) / Legal guardian(s) name(s):

_____ Work Ph.: _____ Cell: _____
_____ Work Ph.: _____ Cell: _____

Please call one of the following people if parents/ legal guardians cannot be reached:

Name: _____ Name: _____
Address: _____ Address: _____
Phone: _____ Phone: _____

Please check one or several of the following:

- _____ 1. It is not necessary to call, as there is always someone home.
- _____ 2. It is not necessary to call, as my child has a key and can go home independently.
- _____ 3. My child has my permission to leave with his/her younger sibling(s) also attending ERP, and it is not necessary to call.
- _____ 4. My child could leave with the following student's parent/ legal guardian, _____ as I have an arrangement with this family.
- _____ 5. Please contact a parent/ legal guardian before allowing my child to leave.

Parent/ Legal Guardian(s)' signature

Please notify the school of any changes to the above information that may occur throughout the school year. Thank you.



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PARENTAL/LEGAL GUARDIAN INFORMED CONSENT FOR OUT OF SCHOOL ACTIVITIES IN THE LOCAL COMMUNITY 2024-2025

Dear Parent/Legal 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 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 École Regent Park 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, Outdoor Ed, Physical Education classes, short 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 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 should 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/Legal Guardian Informed Consent:

Student's Name (please print): _____

Home Room: _____

Parent/Legal Guardian Signature

Date

TRANSPORTATION APPLICATION—REGULAR (FORM A)



This application should be completed by the parent/guardian and returned to the school. Please be aware that it may take three to five business days to process your transportation application.

Date: _____

New to the division Address change

Student name: (Last) _____ (First) _____

Home address: _____ Phone: _____

City/town: _____ Postal code: _____

School: _____ Grade: _____

Babysitter address (if applicable): _____ Phone: _____

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

Parent/guardian signature

Requested start date: _____

Check appropriate box:

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

Any changes relating to the information contained in this application must be reported to the transportation department immediately. Questions should be directed to the transportation department at 204.669.0202. Email this application to transportation@retsd.mb.ca.

FOR DEPARTMENT USE ONLY

Pickup bus: _____

Transfer to: _____

Transfer bus: _____

Take home bus: _____

Completed by: _____ Busing start date: _____