



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

January, 2024

Dear Parents/Guardians of Students in Grade 5,

Attached please find the registration package for the 2024-25 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,

Mr. K. Jacob
Principal

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, Man., R2K 2P7, Tel: 204.667.7130.

STUDENT INFORMATION

PLEASE PRINT

School year: **2024 -2025**

School name: **Valley Gardens Middle School**

Applying for Grade **Grade 6**

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: _____ Relationship: _____

Address: Same as above Other: _____ Postal code: _____

Employer: _____ Work phone: _____ Ext.: _____

Home phone: _____ 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: _____ Relationship: _____

Address: Same as above Other: _____ Postal code: _____

Employer: _____ Work phone: _____ Ext.: _____

Home phone: _____ 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: _____ 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: _____ 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. Chromebook Desktop
 Laptop Tablet
 Mobile phone (student-owned) No device
 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 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*):

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 |

STUDENT REGISTRATION



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.

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.

Grade 6 Expressive Arts Option

Student Name: _____

REQUIRED COURSES:

- Language Arts
- Science
- French
- Applied Arts (Home Economics, Graphics, 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 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 music, proper instrument technique, how to be a part of a guitar ensemble, some of your favourite rock licks, 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.

Parent/Guardian Name

Parent/Guardian Signature

Date

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 \$50.00/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.



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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:



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Dear Parent/Guardian,

The Grade 5-8 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 5-8 level, Personal Safety helps students identify safety guidelines to protect themselves in potentially sexually abusive situations, and to better understand abusive relationships. Substance Use and Abuse Prevention includes distinguishing between medicinal and non-medicinal substances, as well as their effects on the body. In Human Sexuality, students will learn about the structure and function of the reproductive system, changes in puberty, recognizing the importance of abstinence and responsible decision-making.

The Manitoba Education, Citizenship and Youth 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 conflicts with family, religious or cultural values.

Please complete 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 6 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.

If you require more information, Parent Handbooks and curriculum materials are available at the school.

Sincerely,

A handwritten signature in blue ink that reads "Kai Jacob".

Mr. K. Jacob
Principal



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5 - 8 PHYSICAL EDUCATION / HEALTH EDUCATION

Parental 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 or Alternate Delivery for each topic below. Please note the permission form is a multi-year form, covering Grade 6 to Grade 8. Choice of school based delivery or alternate delivery can be changed at any time.

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 counselling) of the potentially sensitive content for your child where the content is in conflict with family, religious or cultural values.

* **Please note:** The Grade 6 and Grade 8 P.E./Health Curriculum does not introduce specific potentially sensitive outcomes, however questions may be asked by students that may initiate discussion around the topics. The Grade 7 P.E./Health Curriculum introduces age appropriate outcomes in the potentially sensitive areas of personal safety, drugs and alcohol and human sexuality.

Delivery of Potentially Sensitive Content

Date

Student's Last Name

Student's First Name

Grade

Topic Delivery	School Based Delivery	Alternate
Personal Safety	<input type="radio"/>	<input type="radio"/>
Substance Use and Abuse Prevention	<input type="radio"/>	<input type="radio"/>
Human Sexuality	<input type="radio"/>	<input type="radio"/>

(Parent / Guardian Signature)

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: _____

