

STUDENT NAME: _____

(Please print First Name & Last Name)

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

RETSD Technology Use form IJND-E1

Media Release Policy form KDDB-E1

Both policies can be found at www.retsd.mb.ca. Parents/guardians are assumed to be in agreement. If you choose to **opt out** regarding these policies, appropriate forms will need to be submitted to the office.

DOCUMENTS REQUIRED WITH REGISTRATION:

Proof of Residency of legal guardian: (2 pieces required)

- Driver's Licence
- Manitoba Health Card (verified)
- Utility Bill (Name and corresponding address)
- Tenancy agreement (duly signed)
- Offer to purchase documents (completed – signatures)

School Records (required)

- Transcript of marks

Expression of Interest for future participation (if applicable):

- sTeam/sTiam – Expression of Interest

School of Choice form (if applicable):

- In Division/Out of Designated School Boundary
- Out of Division/District

Guardianship (if applicable):

- Court documents (Interim and/or Final Order, Variance Orders may also be applicable)
- Voluntary Placement Agreement (VPA)
- Child in Care form

Proof of Age (for students who are new to the division):

- Birth Certificate
- Baptismal Certificate
- Passport
- Treaty Card
- Certificate of Birth registration, signed by Director of Vital Statistics

2025-2026 School Year

In Division and Out of Designated School Boundary registrations accepted on or after March 3, 2025

Out of Division/District registrations accepted on or after May 1, 2025

| OFFICE USE ONLY | | | |
|-----------------------------------|-----------------------------|---|------------------------------|
| Date: _____ | | Admin Signature: _____ | |
| <input type="checkbox"/> RE | <input type="checkbox"/> 9 | <input type="checkbox"/> In Catchment | <input type="checkbox"/> Yes |
| <input type="checkbox"/> FI | <input type="checkbox"/> 10 | <input type="checkbox"/> _____ | <input type="checkbox"/> No |
| <input type="checkbox"/> sTeam | <input type="checkbox"/> 11 | <input type="checkbox"/> Out of Catchment | <input type="checkbox"/> No |
| <input type="checkbox"/> sTeam FI | <input type="checkbox"/> 12 | <input type="checkbox"/> _____ | |
| <input type="checkbox"/> EAL | | <input type="checkbox"/> Out of Division | |

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: Collège Miles Macdonell Collegiate

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 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.



Collège Miles Macdonell Collegiate 2025 - 2026 Grade 12 course selection

STUDENT NAME: _____
Please print clearly (First Name & Last Name)

INSTRUCTIONS:

1. Please check off the appropriate program and select the Manitoba compulsory choices within the program section
2. Please number option courses from 1 - 4 (Number one (1) being your first choice and number four (4) being your alternate or your last choice.)

| ENGLISH PROGRAM - Compulsory Courses | | | |
|--------------------------------------|--------|-----------------------------|-------|
| Choose an English course | | Choose a Mathematics course | |
| English: Comprehensive Focus 40S | E40SCF | Essential Math 40S | M40SE |
| English: Literary Focus 40S | E40SLF | Applied Math 40S | M40SA |
| English: Transactional Focus 40S | E40STF | Pre-Calculus Math 40S | M40SP |

If requesting AP English, please select it in the advanced placement section

If requesting AP Math, please select it in the advanced placement section

| | | |
|--|--------|-----------------|
| <input checked="" type="checkbox"/> Physical Education 40F | PEH40F | * min 3 options |
|--|--------|-----------------|

| FRENCH IMMERSION PROGRAM - Compulsory Courses | | | |
|---|--------|--------------------------------|----------|
| Choose an English course | | Choose a Mathematics course | |
| English: Comprehensive Focus 40S | E40SCF | Mathématiques au quotidien 40S | M40SEFI |
| English: Literary Focus 40S | E40SLF | Mathématique: appliquées 40S | M40SAFI |
| English: Transactional Focus 40S | E40STF | Mathématiques: pré-calcul 40S | M40SPCFI |

If requesting AP English, please select it in the advanced placement section

* min 2 options

| | |
|---|----------|
| <input checked="" type="checkbox"/> Français 40S | FR40SFI |
| <input checked="" type="checkbox"/> Éd. Physique / Éd. a la Santé 40F | PEH40FFI |

| ADVANCED PLACEMENT Courses | | | |
|--|--------------|---------------------------------------|----------|
| Biology 42S | APB42S | English: Literature & Composition 42S | APE42SLI |
| Chemistry 40S Advanced & Chemistry 42S | C40SA/APC42S | Calculus (AB) AP 42S | APM42SA |
| Physics 42S | APP42S1 | | |

OPTION COURSES

Choose four (4) option courses from the following list. Please list these in order of priority: Number one (1) being your first choice and number four (4) being your alternate or your last choice.

**** Concert Choir and Jazz Band may be offered outside the timetable (morning or lunch time) making them available in addition to the timetabled courses. If selecting one of these options, please select an additional option.

| | | | |
|--|-----------------|---|----------|
| Biology 40S | B40S | Graphic Communication Tech. 40S | TE40SGRC |
| Biologie 40S | B40SFI | Guitar 40S | MUG40S |
| Career Connect: Life/Work 30 & 40S (2 cr) | LWB30S / LWT40S | Global Issues, Citizenship & Sustainability 40S | GI40S |
| Chemistry 40S | C40S | History: Western Civilization 40S | H40SWC |
| Chimie 40S | C40SFI | Jazz Band 40S | MUJB40S |
| Computer Science 40S | CS40S | Canadian Law 40S | BL40S |
| Concert Band 40S | MUCB40S | Music Production 40S | MUMP40S |
| Concert Choir 40S | MUCC40S | Physics 40S | P40S |
| Topics in First Nations, Metis & Inuit Studies 40S | CTF40S | Physique 40S | P40SFI |
| Dance 40S | DAN1A40S | Psychology 40S | PSY40S |
| Drafting Design Technology 40S | TE40SDRA | Psychologie 40S | PSY40SFI |
| Drama 40S | DR40S | Spanish 40S | SP40S |
| Family Studies 40S | HEC40SFS | Performance Psychology 31G (Healthy Lifestyles) | HL31G1 |
| Food & Nutrition 40S | HEC40SFN | Visual Arts 1A, Visual Arts 40S | VART40S |
| French: Communication and Culture 40S | F40S | | |

sTeam -ENGLISH- Compulsory Courses

Please complete the registration requirements for your chosen program, either the English or French Immersion Program.

Students interested in the sTeam/sTiam program must submit an Expression of Interest application for consideration. Upon acceptance, the following courses will be compulsory.

| Choose a Mathematics course | | | |
|-----------------------------|-------|---|--------|
| Essential Math 40S | M40SE | <input checked="" type="checkbox"/> English: Comprehensive Focus 40S | E40SCF |
| Applied Math 40S | M40SA | <input checked="" type="checkbox"/> Global Issues, Citizenship & Sustainability 40S | GI40S |
| Pre-Calculus Math 40S | M40SP | <input checked="" type="checkbox"/> Physical Education 40F | PEH40F |

If requesting AP Math, please select it in the advanced placement section

* min 2 options

EAL (Courses to be assessed by EAL Program at Collège Miles Macdonell Collegiate)

Date: _____ Parent/Guardian: _____

Refer to the course handbook (www.retsd.mb.ca/miles) as you make course selections.

IF APPLICABLE (Other grade level courses)

Grade 9 Compulsory Courses

| | | | |
|--------------------------------------|---------|--|-----------|
| English Language Arts 10F | E10F | Le Canada dans le monde contemporain 10F | SSMC10FFI |
| Mathematics 10F | M10F | Science 10F | S10F |
| Transitional Mathematics 10F | M10FT | Sciences de la nature 10F | S10FFI |
| Mathématiques 10F | M10FFI | Français 10F | FR10FFI |
| Mathématiques de transition 10F | M10FTFI | Physical Education/Health Education 10F | PEH10F |
| Canada in the Contemporary World 10F | CCW10F | | |

Grade 9 Option Courses

| | | | |
|--------------------------------|-----------|---|------------|
| Arts visuels 10S (Visual Arts) | VART10SFI | Food & Nutrition 10S | HEC10SFN |
| Business Innovations 10S | C10SBI | French: Communication and Culture 10F | F10F |
| Computer Science 20S | CS20S | Graphic Communication Technology 10G | TE10GGRC |
| Concert Band 10S | MUCB10S | Guitar 10S | MUG10S |
| Concert Choir 10S **** | MUCC10S | Jazz Band 10S **** | MUJB10S |
| Dance 10S | DAN1A10S | Spanish 10G | SP10G4YR |
| Drafting Design Technology 10G | TE10GDRA | Technologie du dessin industriel 10G (Drafting Design) | TE10GDRAFI |
| Drama 10S | DR10S | Visual Art 10S | VART10S |
| Family Studies 10S | HEC10SFS | | |

Grade 10 Compulsory Courses

| | | | |
|----------------------------------|--------|-------------------------------------|---------|
| English Language Arts 20F | E20F | Enjeux géographie du 21E siècle 20F | G20FFI |
| Physical Education 20F | PEH20F | Sciences de la nature 20F | S20FFI |
| Geography 20F | G20F | Français 20F | FR20FFI |
| Science 20F | S20F | Mathématiques au quotidien 20S | M20SEFI |
| Essential Mathematics 20S | M20SE | Intro aux mathé appl. et précal 20 | M20SIFI |
| Intro to Applied and Pre-Cal 20S | M20SI | | |

Grade 10 Option Courses

| | | | |
|--|----------|---------------------------------------|-----------|
| Career Connect: Life/Work Planning 20S | LWP20S | Food & Nutrition 20S | HEC20SFN |
| Computer Science 20S | CS20S | French: Communication and Culture 20F | F20F |
| Computer Science 30S | CS30S | Graphic Communication Technology 20G | TE20GGRC |
| Concert Band 20S | MUCB20S | Guitar 20S | MUG20S |
| Concert Choir 20S | MUCC20S | History: American 20G | H20G |
| Dance 20S | DAN1A20S | Jazz Band 20S | MUJB20S |
| Drafting Design Technology 20G | TE20GDRA | Music Production 20S | MUMP20S |
| Drama 20S | DR20S | Spanish 20G | SP20G |
| Entrepreneurship 20S | C20SE | Visual Arts 20S | VART20S |
| Family Studies 20S | HEC20SFS | Arts Visuels 20S | VART20SFI |

Grade 11 Compulsory Courses

| | | | |
|----------------------------------|---------|--------------------------------|----------|
| Applied Math 30S | M30SA | Histoire du Canada 30F | HC30FFI |
| English: Comprehensive Focus 30S | E30SCF | Physical Education 30F | PEH30F |
| English: Literary Focus 30S | E30SLF | Pre-Calculus Math 30S | M30SP |
| English: Transactional Focus 30S | E30STF | Mathématiques au quotidien 30S | M30SEFI |
| Essential Math 30S | M30SE | Mathématique: appliquées 30S | M30SAFI |
| Français 30S | FR30SFI | Mathématiques: pré-calcul 30S | M30SPCFI |
| History of Canada 30F | HC30F | | |

Grade 11 Option Courses

| | | | |
|---|-----------------|---|----------|
| Biology 30S | B30S | Family Studies 30S | HEC30SFS |
| Biologie 30S | B30SFI | Food & Nutrition 30S | HEC30SFN |
| Career Connect: Life/Work 30 & 40S (2 cr) | LWB30S / LWT40S | French: Communication and Culture 30S | F30S |
| Chemistry 30S | C30S | Graphic Communication Tech. 30S | TE30SGRC |
| Chimie 30S | C30SFI | Guitar 30S | MUG30S |
| Computer Science 30S | CS30S | Jazz Band 30S | MUJB30S |
| Computer Science 40S | CS40S | Music Production 30S | MUMP30S |
| Concert Band 30S | MUCB30S | Spanish 30S | SP30S |
| Concert Choir 30S | MUCC30S | Physics 30S | P30S |
| Dance 30S | DAN1A30S | Physique 30S | P30SFI |
| Drafting Design Technology 30S | TE30SDRA | Performance Psychology 31G (Healthy Lifestyles) | HL31G1 |
| Drama 30S | DR30S | Visual Arts 30S | VART30S |



Collège Miles Macdonell Collegiate

757 Roch St. | Winnipeg, MB R2K 2R1 | Tel: 204.667.1103 | Fax: 204.654.3803
Principal: John Muller | Vice-principal: Royce Manary | Vice-principal: Deanna Michaleski
Vice-principal: Kerry Bartlett | Email: miles@retsd.mb.ca | Web: www.retsd.mb.ca/miles

PARENTAL INFORMED CONSENT FOR OUT OF SCHOOL ACTIVITIES IN THE LOCAL COMMUNITY 2025-2026

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 Collège Miles Macdonell Collegiate recognize that valuable and unique learning can take place outside of the school building. We are therefore encouraged to make use of the 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, events and/or field trips such as: the YMCA-YWCA, bowling alleys, elementary schools, etc.

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 will not be participating 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

What is sTeam?

Science (s) and technology (T) interpreted through engineering (e) and the arts (a), all based in mathematical (m) elements, providing a lens to look at the world around us in meaningful, connected ways. sTeam is designed to provide innovative programming that will:

- Focus on community building, self-awareness, and resiliency
- Provide opportunities for high-potential careers with multiple paths
- Provide opportunities for a wide range of students through skill-building
- Increase awareness/skills regarding career pathways
- Partner with industry, post-secondary institutions, and government
- Be project-based, inquiry-driven, and sTeam-focused
- Build in purposeful mentorship opportunities with related industries

Why sTeam?

sTeam provides students an opportunity, through project-based inquiry, to fulfil the Grade 10 credit requirements of ELA, Science, and Visual Arts. Students are the driving factor in their learning, choosing the topics and issues that connect with them. The sTeam teachers facilitate their learning by helping them connect to the curriculum and the community, organize their thoughts, and clarify the design process. Throughout the learning, students will develop skills in collaboration, critical thinking, creativity, communication, character, and citizenship.

What type of student would enjoy sTeam?

Learners who appreciate hands-on, interdisciplinary curriculum experiences combined with flexible pacing that allows time to explore and learn through a variety of digital platforms. sTeam learners will connect to the community in powerful, unique ways that will inspire a pursuit of deeper knowledge. Students who flourish in sTeam will:

- Enjoy exploring learning through science, technology, engineering, arts, and math
- Have a keen interest in wanting to understand how things work and like to build, create, or design things
- Enjoy learning through inquiry, experimentation, and reflection
- See the importance in being self-motivated and like to learn independently, as well as in collaborative groups
- Demonstrate a commitment to learning and exploring new ideas
- Enjoy co-operating with peers for group projects and collaborative learning explorations
- Thrive in challenging and creative academic environments
- Contribute to a positive and respectful classroom and school community
- Be open and interested in sharing and celebrating learning
- Benefit from connections with industry partners in exploring career pathway options

We ask that if you have an interest in having your child be considered for sTeam, please provide the requested information on the final page of this package. This group will be scheduled together as a class for a full morning or afternoon of one semester. Interest or experience with the computer sciences would be an asset. Consideration will be given to ensure that access to sTeam represents the diversity that makes up our school community.

Completed sTeam submissions (see next page) should be submitted with the registration package. Should you have any questions for clarification, please be sure to contact the school office.

sTeam EXPRESSION OF INTEREST



The attached expression of interest is to be completed by students who are interested in registering for sTeam.

| | | | |
|---------------|-------|----------|--|
| Student name: | | Address: | |
| Home phone: | Cell: | Email: | |

As you work to highlight some of your thinking and experiences, below, you are invited to create a submission using a method that you feel best supports your interest (e.g., video, reflective art piece, written response).

Learning profile: Describe what excites you about learning and how you would embrace the challenges and opportunities of being part of sTeam.

Skills/interests: What are you passionate about? Highlight skills or interests based on things you have experienced at school, while volunteering, or through work experiences, hobbies, and extracurricular activities.

For parents: Why are you in support of this application?

| | |
|------------------------------------|---------------|
| _____ Student signature | _____ Date |
| _____ Parent/guardian signature | _____ Date |