

**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](http://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)

- Report Card

Expression of Interest for future participation (if applicable):

- sTeam – 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

2024-2025 School Year

**In Division and Out of Designated School Boundary** registrations accepted on or after March 1, 2024

**Out of Division/District** registrations accepted on or after May 1, 2024

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

## STUDENT INFORMATION

**PLEASE PRINT**

School year: 2024/2025

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

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



## 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.



**Collège Miles Macdonell Collegiate  
2024 - 2025  
Grade 9 course selection**

**STUDENT NAME:** \_\_\_\_\_  
Please print clearly (First Name & Last Name)

**INSTRUCTIONS:**

1. Please check off  the appropriate program
2. Please number option courses from 1 - 4

<b>REGULAR PROGRAM - Compulsory Courses</b>			
English Language Arts 10F	E10F	Science 10F	S10F
Mathematics 10F	M10F	Canada in the Contemporary World 10F	CCW10F
Transitional Mathematics 10F	M10FT	Life/Work Exploration 15S	LWE15S
Physical Education/Health Education 10F	PEH10F	* 3 option courses will be scheduled	

<b>FRENCH IMMERSION PROGRAM - Compulsory Courses</b>			
English Language Arts 10F	E10FFI	Sciences de la nature 10F	S10FFI
Mathématiques 10F	M10FFI	Français 10F	FR10FFI
Mathématiques de transition 10F	M10FTFI	Vie-travail - exploration 15S	LWE15SFI
Physical Education/Health Education 10F	PEH10F	* 2 option courses will be scheduled	
Le Canada dans le monde contemporain 10F	SSMC10FFI		

<b>EAL</b>			
Courses to be assessed by EAL Program at Miles Macdonell Collegiate			
Canada in the Contemporary World 10E	CCW10E	LAL Numeracy Phase (1A, 1B, 2A, 2B)	LAL1A15F
English Language Arts 10E	E10E	EAL Literacy Stage 1, 2, 3	EAL10FLS1
Mathematics 10E	M10E	LAL Literacy Phase (1A, 1B, 2A, 2B)	LAL1A15F
Science 10E	S10E		

**DIVISIONAL PROGRAM**

I am also applying for future participation in the sTeam Program (form attached)

<b>OPTION COURSES</b>					
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.					
<input type="checkbox"/>	Arts visuels 10S (Visual Arts)	VART10SFI	<input type="checkbox"/>	Family Studies 10S	HEC10SFS
<input type="checkbox"/>	Business Innovations 10S	C10SBI	<input type="checkbox"/>	Food & Nutrition 10S	HEC10SFN
<input type="checkbox"/>	Computer Science 20S	CS20S	<input type="checkbox"/>	French: Communication and Culture 10F	F10F
<input type="checkbox"/>	Concert Band 10S	MUCB10S	<input type="checkbox"/>	Graphic Communication Technology 10G	TE10GGRC
<input type="checkbox"/>	Concert Choir 10S ****	MUCC10S	<input type="checkbox"/>	Jazz Band 10S ****	MUJB10S
<input type="checkbox"/>	Dance 10S	DAN1A10S	<input type="checkbox"/>	Spanish 10G	SP10G4YR
<input type="checkbox"/>	Drafting Design Technology 10G	TE10GDRA	<input type="checkbox"/>	Technologie du dessin industriel 10G (Drafting Design )	TE10GDRAFI
<input type="checkbox"/>	Drama 10S	DR10S	<input type="checkbox"/>	Visual Art 10S	VART10S

Date: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

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



# Collège Miles Macdonell Collegiate

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

## PARENTAL INFORMED CONSENT FOR OUT OF SCHOOL ACTIVITIES IN THE LOCAL COMMUNITY 2024-2025

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 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 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, 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 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



## **PARENTAL INFORMED CONSENT FOR IAA SCHOOL ACTIVITIES**

Students in the River East Transcona School Division have opportunities to learn about Indigenous perspectives and culture through our IAA (Indigenous Academic Achievement) programming and the provincial curriculum outcomes issued by Manitoba Education and Training. One such learning activity we offer in schools is Smudging.

Smudging is a cultural activity that has been practiced by many Indigenous nations around the world for centuries. It involves burning dried plant medicine, such as sage, to produce a smoke and aroma which is seen in cultural traditions as a way to remove negative energy and focus ourselves on our learning and create a positive outlook.

We want all students to feel safe and excited about all of their learning experiences and we developed this document to help our community be better prepared for Smudging. Please see the following for the procedures and protocols students can expect when experiencing this cultural activity:

Location:

- An exterior room with a door or a window that can be opened to the outside is expected. The use of any other location is at the discretion of the principal and shall be made in consultation with the Assistant Superintendent.

Medicines/Mixtures:

- The medicines/mixtures shall be milder in nature. We always only use Sage for these student activities.
- The medicines/mixtures will be of a minimal quality (more can be added as needed)

The Students/Participants:

- Explicit parental permission is required for participation
- General information shall be provided to the broader school population as determined to be necessary by the school principal (i.e.: if this is a newer offering at the school)
- Students will always have the option to pass and can still be a part of the circle and experiential learning.
- Students will have the option to join the sharing circle at a later juncture if the student has concerns regarding the smoke or aroma

Strategies to mitigate smoke and aroma for indoor circles:

- The room being used for the smudge will have the door closed at all times
- The room being used for the smudge will have the exterior door or window open to allow for ventilation
- Fire doors in the adjacent hallways shall be closed
- Classrooms in nearby areas will have their doors closed
- Upon completion of the smudge, any residual medicines/mixtures shall be placed in a tin with a lid and placed outside the school if possible.

***Informed Consent for Participating in a Smudging Cultural Activity***

**Name of Student (please print):** \_\_\_\_\_

- I/We, the undersigned, hereby acknowledge that certain risks of injury are inherent in the participation in sports, recreational activities and other off-school site programs. These types of injuries may be minor or serious.
- I/We understand that, in case of emergency medical or hospital services being required by the above-listed participant, and with the understanding that every reasonable effort will be made by the school/hospital to contact me, my signature on this form authorizes the board, through its employees, agents, and officers, [to] secure such medical advices and services as they deem necessary for my child’s health and safety, and that I shall be financially responsible for such advice and services.
- I/We understand that the Rules and Regulations pertaining to this activity are designed for the safety and protection of participants
- I/We acknowledge my right to obtain as much information as I require about this program or activity and associated risks and hazards, including information beyond that provided to me by the school
- I/We acknowledge that it is my responsibility to advise the school of any medical and/or health concerns of my child that may affect his/her participation in the stated program or activity
- I/We understand that the choice to participate brings with the individual the ASSUMPTION OF RISK which is part of these activities.
- 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 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.

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

\_\_\_\_\_  
**Date**

In order for your child to participate in this event, this signed consent form must be received at the school before the event.

**Grade 9 and 10 PHYSICAL EDUCATION / HEALTH EDUCATION**

The Grade 9 and 10 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 9-10, 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 gender identity, 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 is in conflict with family, religious or cultural values.

The Miles Macdonell Collegiate physical and health education teachers have received training from the division and community agencies to ensure delivery of content with respect, sensitivity and thoughtfulness.

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 Grade 9 and Grade 10. 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.

**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.

**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.

If you choose for your child to participate in the Alternate Delivery model, your son/daughter will be required to complete a research project during this instructional period.

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**Delivery of Potentially Sensitive Content**

_____	_____	_____
(Date)	(Child's first and last name)	(Grade)
<b>Topic</b>	<b>School Based Delivery</b>	<b>Alternate Delivery</b>
Personal Safety	<input type="checkbox"/>	<input type="checkbox"/>
Substance Use and Abuse Prevention	<input type="checkbox"/>	<input type="checkbox"/>
Human Sexuality	<input type="checkbox"/>	<input type="checkbox"/>

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(Parent / Guardian Signature)

# sTeam INTENSIVE

## EXPRESSION OF INTEREST



### 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. The sTeam Intensive 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?

The sTeam Intensive provides students an opportunity, through project-based inquiry, to fulfil some credit requirements. 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 INTENSIVE

## EXPRESSION OF INTEREST



The attached expression of interest is to be completed by students who are interested in registering for the sTeam Intensive. In River East Transcona School Division, the sTeam Intensive is offered at Collège Miles Macdonell Collegiate. Enrolment at any entry point may be limited due to staff and space availability.

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

Check off one that applies:

- Current Grade 8 student entering CMMC: Interested in future participation in Grade 10
- Current Grade 9 student: Interested in future participation in Grade 10
- Current Grade 10 student: Interested in future participation in Grade 11
- Current Grade 11 sTeam student: Interested in future participation in Grade 12

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.

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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.

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

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Student signature:

Date:

Parent/guardian signature:

Date: