

REGISTRATION—COLLÈGE PIERRE-ELLIOTT-TRUDEAU



216 Redonda St., Winnipeg, Man., R2C 1L6, Tel: 204.958.6888, Fax: 204.222.4883, www.cpet.retsd.mb.ca

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____

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

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.

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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: _____

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)?
(Note: First Nations (North American Indian) include Status and Non-Status Indians)

If "Yes," check the box(es) that best describe(s) your child now:

- ☐ 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:

- ☐ Anishinaabe (Ojibway/Saulteaux)
- ☐ Ininiw
- ☐ Dene (Sayisi)
- ☐ Dakota
- ☐ Oji-Cree
- ☐ Michif
- ☐ Inuktitut
- ☐ Other: Please specify _____

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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. Other intervention | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| 17. Oxygen | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 18. Seizure disorder | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19. Steroid dependence | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20. Suctioning (A)—tracheal suctioning | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21. Suctioning (B)—oral/nasal suctioning | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 22. Tracheostomy | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 23. Ventilator | <input type="checkbox"/> Yes <input type="checkbox"/> No |

This medical information is being collected so that appropriate health-care plans may be developed and may be necessary to obtain funding. 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.

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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 Pierre-Elliott-Trudeau

216, rue Redonda | Winnipeg, MB R2C 1L6 | Téléphone: 204.958.6888 | Télécopieur: 204.222.4883
Directrice: Mme. D. Zozman | Directrice adjointe: Mme. S. Cockriell
Email: cpet@retsd.mb.ca | Web: www.cpet.retsd.mb.ca

9-10 PHYSICAL EDUCATION / HEALTH EDUCATION

Parental Option for Potentially Sensitive Content

The Grade 9-10 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 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.

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 to 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. The school will also host information meetings on the Physical Education/Health Education Curriculum.



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9-10 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.

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

(Child's first and last name)

(Grade)

Topic	School Based Delivery	Alternate Delivery
Personal Safety (grade 9)	<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"/>

(Parent / Guardian Signature)

Collège Pierre-Elliott-Trudeau

Grade 9 Registration 2024-25

Grade 9 Compulsory Courses

Please note all students will be required to complete these courses in Grade 9.

- () FR10FI Français 10F
- () FR11G1FI Français 11G + 15G Life Work Exploration
- () E10FI English 10F
- () M10FFI Mathematics 10F
- () M11GFI Transitional Mathematics 11G
- () S10FFI Science 10F
- () SSMC10FFI Social Studies 10F
- () PEH10FFI Phys. Ed./Health 10F



Grade 9 Optional Courses

Two of these options must be selected. Please indicate two choices with an X.

- () AD20GFI Dramatic Arts 20G
- () MUB10S Music: Band 10G
- () MUC10S Music: Choral 10G
- () MUJ10S Music: Jazz Band 10G* (students must also be registered for Band 10G)
- () IC115FFI & IC215FFI Applying Information and Communication Technology 1+ 2 15F
- () VART10S: Visual Arts 10S

At the end of grade 9 students will receive 10.5 credits.

*Selections dependent on timetabling

Declaration: I / We concur with the course and course level choices as indicated above.

Student's name: (please print) _____

Student signature: _____

Parent/Guardian's signature: _____

Date: _____

Parent's e-mail address: _____

TA's signature: _____

Date: _____