

# 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: \_\_\_\_\_

School name: **John G. Stewart School**

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: \_\_\_\_\_ 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

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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: \_\_\_\_\_

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## 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*):

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- 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 |

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- 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**

**OFFICE:** If any items have been checked off, forward to the school principal

- Resource  School counsellor
- Reading  Psychology
- Psychiatry  Speech & language
- Social work  Occupational therapy
- Physiotherapy  Outside agency
- Child in care  Other \_\_\_\_\_

**If any services above are checked (✓), please complete details below**

Name of agency/support service: \_\_\_\_\_ Contact person: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Briefly describe the reason for service: \_\_\_\_\_

Name of agency/support service: \_\_\_\_\_ Contact person: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Briefly describe the reason for service: \_\_\_\_\_

The support services information is being collected so appropriate educational services may be provided for your son/daughter. This information will only be shared with appropriate individuals. This information is protected by The Freedom of Information and Protection of Privacy Act. Questions should be directed to the school principal.



# John G. Stewart School

2069 Henderson Hwy. | Winnipeg, MB R2G 1P7 | Tel: 204.338.3670 | Fax: 204.334.0074  
Principal: Mr. J.P. Rochon | Email: jgs@retsd.mb.ca | Web: www.jgs.retsd.mb.ca

Dear Parent/Guardian/Supervisor,

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.

Physical Education and Health is a compulsory subject from Kindergarten to Senior 3 as outlined by Manitoba Education. The River East Transcona School Division and the staff of John G. Stewart School recognized 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.

Please be advised that the students will, on occasion, leave the school grounds under the supervision of the staff to participate in activities within the community.

### **COMMUNITY ACTIVITIES (includes walks, bike rides and community-based learning experiences)**

**Transportation for any of these activities will not be required and will be within the following geographic boundaries: East of the Red River; South of Foxgrove Ave; North of 1795 Henderson Ave (No Frills)/Mclvor Ave and West of Gateway Road.**

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.

**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



# John G. Stewart School

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## PHYSICAL EDUCATION/HEALTH EDUCATION

The 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. Personal Safety helps students identify safety guidelines to protect themselves in potentially sexually abusive situations, understand different types of abuse and identify skills and resources for addressing problems associated with 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 conflicts with family, religious or cultural values.

Please complete this form indicating either school-based delivery or alternate delivery of the potentially sensitive content for your child. Please note, the permission form is a multi-year form, covering Grade 5 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, please contact 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. Please note the permission form is a multi-year form. 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 conflicts with family, religious or cultural values.

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### Delivery of Potentially Sensitive Content

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Date

Topic	School Based Delivery	Alternate Delivery
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)



## IJND - INSTRUCTIONAL TECHNOLOGY USE

Access to the River East Transcona School Division instructional technology services plays a vital role in teaching and learning in today’s world. Student access to computer information technology is an integral part of their learning. The division, in cooperation with students and parents, will work to build an understanding of the importance of digital citizenship and the role that computer information technology can play in education.

River East Transcona School Division promotes the use of its instructional technology services to improve the digital literacy of its users. Every user is expected to adhere to this policy, as well as the accompanying regulation and exhibits, and by accessing instructional technology tools, consents to follow the expectations contained in the policy.

To opt out, please request the appropriate form or use the following link:

[RETSD's Technology Use Policy](#)



## KDDB - MEDIA COVERAGE, COPYRIGHT PERMISSION

The River East Transcona School Division recognizes the value of positive public relations and as such realizes that from time to time during the school year, school staff, the media and/or River East Transcona School Division may be reporting on school or divisional events. On occasion, while covering these events, students are interviewed and/or still or moving images of them are taken for use by school staff, divisional staff or the media. Quotes or images may be used by the media, in divisional publications, videos, social media accounts, or websites. (division, school, staff websites).

As well, on occasion, students’ works are published by the media or River East Transcona School Division, for example in divisional publications or videos, social media accounts or on websites (division, school, staff websites). Work produced by a student is copyrighted to that student.

Unless otherwise indicated on KDDB-E1 – Parent Permission Form Media Coverage, Copyright Permission, by a parent/guardian or student who has reached the age of 18, it will be permitted for students to be interviewed and/or to allow still or moving images of them to be taken for use by the media or the division.

Parents who indicate “no” and opt out on any of the permission items identified in the exhibit need to discuss this decision with their child and indicate to the child what actions they must take in these situations. This information will be sent home on an annual basis.

To opt out, please request the appropriate form or use the following link:

[Media Release Policy](#)

\*I have read and understand the information stated above.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## CONSENT FOR EXCHANGE OF INFORMATION

I, \_\_\_\_\_  
(parent/guardian's name)

give consent for the **River East Transcona School Division** to receive and/or give information about

\_\_\_\_\_  
(child's full name)

\_\_\_\_\_  
(child's birth date)

- Information may concern this child's speech, language, intellectual, emotional and social development and educational, psychiatric, hearing or health needs.
- Information may be exchanged in written or spoken form.

This information may be received from and/or given to:

**Knowles Centre**

\_\_\_\_\_  
(Name/Agency)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Postal Code)

This information will be used for:

\_\_\_\_\_  
(purpose)

Information received by the division will be kept in a confidential file and be seen only by those people working on behalf of this child.

It is my choice to give consent. I understand that I may withdraw this consent at any time by notifying the division in writing.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**Telephone Consent: This consent form was discussed with the parent/guardian who verbally consented to exchange of information.**

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# SCHOOL REGISTRATION FORM: Children in Care

(Form available at [www.manitoba.ca/healthychild/publications](http://www.manitoba.ca/healthychild/publications))

(Please check off Authority you represent)



## DEMOGRAPHICS

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

MET#: \_\_\_\_\_ PHIN: \_\_\_\_\_

Legal Guardian/Agency: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Child and family services worker: \_\_\_\_\_

Phone Numbers

Office: \_\_\_\_\_ Mobile: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

Foster Placement: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## CHILD AND FAMILY SERVICES STATUS (Check which best applies, provide date(s))

Voluntary Placement Agreement \_\_\_\_\_ (date)

Voluntary Surrender of Guardianship \_\_\_\_\_ (date)

Extension of Care \_\_\_\_\_ (date)

Apprehension \_\_\_\_\_ (date)

Supervision Order \_\_\_\_\_ (date)

Temporary Order of Guardianship to \_\_\_\_\_ (date)

Permanent Order of Guardianship \_\_\_\_\_ (date)

Expected length of placement (emergency or long-term): \_\_\_\_\_

Approved for Contact:

Name: \_\_\_\_\_ Role: \_\_\_\_\_

Name: \_\_\_\_\_ Role: \_\_\_\_\_

Name: \_\_\_\_\_ Role: \_\_\_\_\_

## SCHOOL INFORMATION

Last School Attended: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Current Grade Attended: \_\_\_\_\_

Grade Level Functioning (Check description that best applies):

Meets

Exceeds

Below

Relevant Educational Programming Information:

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Community supports provided by the agency:

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Areas of interest/strengths (e.g., hobbies, clubs, organizations, cultural interests):

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Relevant Medical Information:

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Additional Information and relevant life situation:

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**CONTACT DATA AND AUTHORIZATION:**

Printed Name of Placing Child  
and Family Services Worker: \_\_\_\_\_

Signature of Placing Child  
and Family Services Worker: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Name of Placing Agency Office/Regional Office: \_\_\_\_\_

Address of Placing Agency Office/Regional Office:  
\_\_\_\_\_  
\_\_\_\_\_

Phone # of Placing Child and Family Services Worker: \_\_\_\_\_

Printed Name of Agency  
E.D. C.E.O. /Regional Office R.D.: \_\_\_\_\_

Signature of Placing Agency  
E.D. C.E.O. /Regional Office R.D.: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Address of Placing Agency E.D. C.E.O. /Regional Office R.D.:  
\_\_\_\_\_  
\_\_\_\_\_

Phone # of Placing Agency E.D. C.E.O. /Regional Office R.D.: \_\_\_\_\_

Printed Name of Parent: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Printed Name of Student: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date Signed: \_\_\_\_\_  
(if 18 or over)

**For School/Division Office Use:**

Steps	Date	Principal or Designate Signature
Registration Received:		
Intake Meeting (as required):		
Start Date:		
Follow-up/Review Meeting(s) (as required):		