

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.
- | | |
|---|------------------------------------|
| <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 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:

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

MEDICAL QUESTIONNAIRE

Please complete the following (*specify yes if physician-diagnosed*)

- 1. Anaphylaxis Yes No
- 2. Anaphylaxis—has EpiPen prescribed Yes No
- 3. Asthma Yes No
- 4. Asthma—has inhaler prescribed Yes No
- 5. Bleeding (i.e. hemophilia, Von Willebrand disease) Yes No _____
- 6. Cardiac condition Yes No
- 7. Catheterization Yes No
- 8. Central line Yes No
- 9. Diabetes Yes No
- 10. Gastrostomy Yes No
- 11. Intermittent catheterization Yes No
- 12. Medication Yes No _____
- 13. Nasogastric tube Yes No
- 14. Osteogenesis imperfecta Yes No
- 15. Ostomy Yes No
- 16. Oxygen Yes No
- 17. Seizure disorder Yes No
- 18. Steroid dependence Yes No
- 19. Suctioning (A)—tracheal suctioning Yes No
- 20. Suctioning (B)—oral/nasal suctioning Yes 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: Erin Ellison | Email: jgs@retsd.mb.ca | Web: www.retsd.mb.ca/jgs

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



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Principal: Erin Ellison | Email: jgs@retsd.mb.ca | Web: www.retsd.mb.ca/jgs

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.

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:

Educational Planning & Programming

(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)

(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:

Community supports provided by the agency:

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

Relevant Medical Information:

Additional Information and relevant life situation:

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):		