

STUDENT NAME: _____

(Please print First Name & Last Name)

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

RETS Technology Use form IJND-E1

Media Release Policy form KDDB-E1

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

DOCUMENTS REQUIRED WITH REGISTRATION:

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

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

School Records (required)

- Report Card

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

2026-2027 School Year

In Division and Out of Designated School Boundary registrations accepted on or after March 2, 2026

Out of Division/District registrations accepted on or after May 1, 2026

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"/> No
<input type="checkbox"/> EAL		<input type="checkbox"/> Out of Division	

STUDENT REGISTRATION



This personal information is being collected under the authority of The Public Schools Act and will be used for educational purposes. It is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, contact the superintendent of River East Transcona School Division, 589 Roch St., Winnipeg, MB, R2K 2P7, Phone: 204.667.7130.

STUDENT INFORMATION

PLEASE PRINT

School year: 2026/2027

School name: Collège Miles Macdonell Collegiate

Applying for Grade _____

Usual LAST name: _____ Usual FIRST name: _____ Usual MIDDLE name: _____

Legal LAST name: _____ Legal FIRST name: _____ Legal MIDDLE name: _____

Legal gender: Male Female Pronouns: _____

Identifying gender (if applicable): Trans male Trans female Two-Spirit Gender non-conforming

Birth date: (mm/dd/yy) _____ Language spoken at home: _____

Home address: Apt. # _____ House # _____ Street: _____

City: _____ Province: _____ Postal code: _____

Box #/Group #/RR #: _____ Student home #: _____ Student cell #: _____

Student Manitoba Medical #: Personal # (9-digit) Family # (6-digit)

Are you a resident of River East Transcona School Division? Yes No (If no, complete and attach a schools of choice application)

Is the student a high school graduate? Yes No Last school attended: _____

If not a Canadian citizen, please identify the CIC (Citizen and Immigration Canada) authority:

A) Permanent resident B) Refugee claimant C) Work permit D) Study permit E) Other _____

Date entered Canada: (mm/dd/yy) _____

OFFICE: A–C are provincially funded students

CONTACT INFORMATION

The following primary and emergency contact information will be used in the event of an emergency or for critical, time-sensitive information using our mass notification system. An email address must be provided for each contact to be able to receive notifications from this system.

Custody: Are there any legal restrictions to this student? Yes No (If yes, a copy of legal documents must be on file at the school)

List in order of priority to call:

1st/primary contact

LAST name: _____ FIRST name: _____ Relationship: _____

Address: Same as above Other: _____ Postal code: _____

Employer: _____ Work phone: _____ Ext.: _____

Home phone: _____ Unlisted? Yes No Cell: _____ Email: _____

STUDENT REGISTRATION



Legal guardian? Yes No Can pick up student? Yes No Has custody of student? Yes No

Send additional report card? Yes No This contact is restricted? Yes No

Phone number to call in case of emergency: _____

Upon registration, parent portal login information will be provided by the school.

2nd contact

LAST name: _____ FIRST name: _____ Relationship: _____

Address: Same as above Other: _____ Postal code: _____

Employer: _____ Work phone: _____ Ext.: _____

Home phone: _____ Unlisted? Yes No Cell: _____ Email: _____

Legal guardian? Yes No Can pick up student? Yes No Has custody of student? Yes No

Send additional report card? Yes No This contact is restricted? Yes No

Phone number to call in case of emergency: _____ Would like parent portal access? Yes No

3rd contact

LAST name: _____ FIRST name: _____ Relationship: _____

Address: Same as above Other: _____ Postal code: _____

Employer: _____ Work phone: _____ Ext.: _____

Home phone: _____ Unlisted: Yes No Cell: _____ Email: _____

Legal guardian? Yes No Can pick up student? Yes No Has custody of student? Yes No

Send additional report card? Yes No This contact is restricted? Yes No

Phone number to call in case of emergency: _____ Would like parent portal access? Yes No

Daycare or other contact

LAST name: _____ FIRST name: _____ Relationship: _____

Address: Same as above Other: _____ Postal code: _____

Employer: _____ Work phone: _____ Ext.: _____

Home phone: _____ Unlisted? Yes No Cell: _____ Email: _____

Legal guardian? Yes No Can pick up student? Yes No Has custody of student? Yes No

This contact is restricted? Yes No Phone number to call in case of emergency: _____

STUDENT REGISTRATION



STUDENT TECHNOLOGY ACCESS AT HOME

- Does the student have wireless Internet access at home? Yes No
- Select the device type(s) the student has access to at home.
- | | |
|---|------------------------------------|
| <input type="checkbox"/> Chromebook | <input type="checkbox"/> Desktop |
| <input type="checkbox"/> Laptop | <input type="checkbox"/> Tablet |
| <input type="checkbox"/> Mobile phone (student-owned) | <input type="checkbox"/> No device |
| <input type="checkbox"/> Mobile phone (parent-owned) | |
- Would the device(s) be brought to school? Yes No

SIBLINGS

Please list the full legal names of all siblings of the student who are attending any RETSD schools—only those for whom the parent(s)/guardian(s) listed on pages 1 and 2 are *legal* guardian(s).

SIGNATURES

The following signatures verify that the above information is true and accurate. Upon transfer/withdrawal of the student, the pupil file will be forwarded to the next school of attendance.

I consent to receive, via email, information in the form of newsletters, school updates, and announcements regarding division and school activities, including fundraising and promotions (if at any time you wish to be removed from our email list, please contact the school office).

Email address: _____

Parent/guardian: _____ Student (if 18 or older): _____

Date: _____

INDIGENOUS IDENTITY DECLARATION

Indigenous Identity Declaration helps to support the efforts of Manitoba Education and Training and school divisions to plan and improve programs in a way that is responsive to Indigenous learners. **Providing this personal information is voluntary and optional.** It is being collected in compliance with section 36(1)(b) of the Freedom of Information and Protection of Privacy Act (FIPPA) as it is necessary for and relates directly to the activity of Manitoba and school divisions to plan, deliver and improve programs

I, _____ (name of parent/guardian, please print clearly):

- Am submitting my child's Indigenous Identity Declaration for the first time
- Am making changes to my child's Indigenous Identity Declaration
- Already submitted my child's Indigenous Identity Declaration and have no further changes to make at this time

Is your child an Indigenous person, that is, First Nation (North American Indian), Métis, or Inuk (Inuit)? If yes, check the box(es) that best describe(s) your child now (*Note: First Nations (North American Indian) include Status and Non-Status Indians*):

STUDENT REGISTRATION

- Yes, First Nation (North American Indian)
- Yes, Métis
- Yes, Inuk (Inuit)

Which best describes your child's Indigenous cultural-linguistic identity? Please select up to two choices:

- | | |
|--|---|
| <input type="checkbox"/> Anishinaabe (Ojibway/Saulteaux) | <input type="checkbox"/> Oji-Cree |
| <input type="checkbox"/> Ininiw | <input type="checkbox"/> Michif |
| <input type="checkbox"/> Dene (Sayisi) | <input type="checkbox"/> Inuktitut |
| <input type="checkbox"/> Dakota | <input type="checkbox"/> Other: Please specify: _____ |

MEDICAL QUESTIONNAIRE

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

- | | | |
|--|--|-------|
| 1. Anaphylaxis | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2. Anaphylaxis—has EpiPen prescribed | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3. Asthma | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4. Asthma—has inhaler prescribed | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 5. Bleeding (i.e., hemophilia, Von Willebrand disease) | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 6. Cardiac condition | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 7. Catheterization | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. Central line | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9. Diabetes | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 10. Gastrostomy | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 11. Intermittent catheterization | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 12. Medication | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 13. Nasogastric tube | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 14. Osteogenesis imperfecta | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 15. Ostomy | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 16. Oxygen | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 17. Seizure disorder | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 18. Steroid dependence | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 19. Suctioning (A)—tracheal suctioning | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 20. Suctioning (B)—oral/nasal suctioning | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 21. Tracheostomy | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 22. Ventilator | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 23. Other intervention/condition/diagnosis (not listed)* | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |

***Other health condition(s) must be physician-diagnosed with supporting documentation provided**

STUDENT REGISTRATION



This medical information is being collected so that appropriate health-care plans and programming may be developed. This information will only be shared with appropriate individuals. This information is protected by The Personal Health Information Act. Questions should be directed to the school principal.

SUPPORT SERVICES

Please indicate if the student has utilized any of the following services

- | | |
|--|---|
| <input type="checkbox"/> Resource | <input type="checkbox"/> School counsellor |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Psychiatry | <input type="checkbox"/> Speech & language |
| <input type="checkbox"/> Social work | <input type="checkbox"/> Occupational therapy |
| <input type="checkbox"/> Physiotherapy | <input type="checkbox"/> Outside agency |
| <input type="checkbox"/> Child in care | <input type="checkbox"/> Other _____ |

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

Name of agency/support service: _____ Contact person: _____

Address: _____ Phone: _____

Briefly describe the reason for service: _____

Name of agency/support service: _____ Contact person: _____

Address: _____ Phone: _____

Briefly describe the reason for service: _____

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



**Collège Miles Macdonell Collegiate
2026 - 2027
Grade 9 course selection**

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

INSTRUCTIONS:

1. Please check off the appropriate program
2. Please choose option courses. Choose four (4) options.

ENGLISH PROGRAM - Compulsory Courses			
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	
FRENCH IMMERSION PROGRAM - Compulsory Courses			
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
Éd. Physique / Éd. a la Santé 10F	PEH10FFI	* 2 option courses will be scheduled	
Le Canada dans le monde contemporain 10F	SSMC10FFI		
ENGLISH AS AN ADDITIONAL LANGUAGE			
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)	LAL1AL15F
Science 10E	S10E		

OPTION COURSES			
Choose four (4) option courses from the following list.			
**Concert Choir and Jazz Band may be offered outside the timetable (morning or lcnh time) making them available in addition to the timetabled courses. If selecting one of these options, please select an additional option.			
Arts visuels 10S (Visual Arts)	VART10SFI	Food & Nutrition 10S	HEC10SFN
Business Innovations 10S	C10SBI	French: Communication and Culture 10F	F10F
Computer Science 20S	CS20S	Graphic Communication Technology 10G	TE10GGRC
Concert Band 10S	MUCB10S	Guitar 10S	MUG10S
Concert Choir 10S ****	MUCC10S	Jazz Band 10S ****	MUJB10S
Dance 10S	DAN1A10S	Spanish 10G	SP10G4YR
Drafting Design Technology 10G	TE10GDRA	Tech. Communications Graphiques 10G (Graphics)	TE10GGRCFI
Drama 10S	DR10S	Technologie du dessin industriel 10G (Drafting Design)	TE10GDRAFI
Family Studies 10S	HEC10SFS	Visual Art 10S	VART10S

Date: _____ Parent/Guardian: _____

Refer to the course handbook (www.retsd.mb.ca/miles) 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: Kerry Bartlett | Vice-Principal: Deanna Michaleski |

Acting Vice-Principal: Melissa Vince | Email: miles@retsd.mb.ca | Web: www.retsd.mb.ca/miles

PARENTAL INFORMED CONSENT FOR OUT OF SCHOOL ACTIVITIES IN THE LOCAL COMMUNITY 2026-2027

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 this year. Your signature at the bottom of this form confirms that you are aware of the information provided in this letter.

The River East Transcona School Division and the staff of Collège Miles Macdonell Collegiate recognize that valuable and unique learning can take place outside of the school building. We are therefore encouraged to make use of the resources of the local community to meet curriculum goals.

During the school year, student groups will engage in activities within the local community that take them out of the school building. These activities may include but are not limited to activities, events and/or field trips such as: the YMCA-YWCA, bowling alleys, elementary schools, etc.

The risk of injury exists in all student activity. However, due to the very nature of some activities, the risk of injury may increase. The safety and well-being of students is a prime concern, and every effort is made to minimize the foreseeable risks inherent in any activity.

While participating in school activities, which take them into the community, it is expected that students will conduct themselves appropriately during all aspects of schooling.

If, for some reason, your child will not be participating in activities of this nature, please let us know.

I / We understand and agree that this is a part of the school program. I/We also understand that as a result of participating in this program that the participant is expected to follow the school procedures and code of conduct and that any deviations from these may result in consequences from the school administration.

I / We declare having read and understood the above INFORMED CONSENT AGREEMENT in its entirety and hereby consent to participate being aware of all the foregoing.

Parental Informed Consent: Before your child may participate in any local community activities, this signed consent form must be received at the school.

Student's Name (Please Print): _____

Parent/Guardian Signature

Date