



Donwood School

400 Donwood Dr. | Winnipeg, MB R2G 0X4 | Tel: 204.668.9438 | Fax: 204.668.9269
Principal: Margaret Fair | Vice-principal: Nicole Ziemianski
Email: don@retsd.mb.ca | Web: www.retsd.mb.ca/don

Registration 2025 – 2026 Kindergarten – Grade 5 English/German Bilingual Programming

Student Name: _____ Grade: _____
(First Name) (Middle Name) (Last Name)

Please note that **we require the following identification** before we can register your child in the (regular English or English/German Bilingual programming).

Two Pieces Proof of Residency:

Please note that **two** of these are required:

- Driver's License
- Manitoba Health Card
- Tenancy agreement (duly signed)
- Offer to purchase documents (completed with signatures)
- Utility bill (name and corresponding address)

Proof of Age:

- Birth Certificate
- Baptismal Certificate
- Passport
- Health Card
- Treaty Card
- Certificate of Birth registration, signed by Director of Vital Statistics

Guardianship:

- Court documents (Interim and/or Final Order, Variance Orders may also be applicable)
- Voluntary Placement Agreement (VPA)
- Child in Care forms

There can be no exceptions to this required identification. If you do not have one of these items, you will have to bring it in before your child will be registered.

Thank you,

Donwood School

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: 20/____ 20____

School name: _____

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.

OPT-OUT for Instructional Technology Use and Parent Permission Media Release Policies and Forms

Unless parents indicate otherwise, all permissions are in place for the current school year. Please read the new Instructional Technology Use policy (IJND) and form (IJND-E1) as well as the updated Parent Permissions Media Release policy (KDDB) and form (KDDB-E1).

Should you wish to opt out please complete the (IJND-E1) Instructional Technology Use (K-Gr. 12) Form and /or the (KDDB-E1) Parent Permission Form for Media Coverage, Copyright Permissions and include them with your child's registration.

INSTRUCTIONAL TECHNOLOGY

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.

Parents who indicate "no" and opt out on any of the Instructional Technology need to discuss this decision with their child. This information will be sent home on an annual basis.

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 KDDDB-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.

If you choose to "opt out" forms can be found on the River East Transcona School Division website at www.retsd.mb.ca. Under Your RETSD and click on Policies.

For Instructional Technology: under I – Instruction, form IJND-E1

For Media Coverage, Copyright Permission: under K – School, Community & Home Relations, form KDDDB-E1

TRANSPORTATION APPLICATION—REGULAR (FORM A)



This application should be completed by the parent/guardian. Please be aware that it may take up to five business days to process your transportation application.

Date: _____ Student requires busing Student does NOT require busing
 New to the division Current student new to busing Address change School change Change in sitter

Student name: (Last) _____ (First) _____

Home address: _____ City/Town: _____

School: _____ Grade: _____ Home phone: _____

Sitter address (if applicable): _____ Sitter phone: _____

Please indicate **BUSED** siblings living in the same home, or siblings with **BUS APPLICATIONS SUBMITTED**, and their school:

Please check any health conditions your child has that *could require intervention during transportation*:

Life-threatening allergy to: _____ Asthma Diabetes Seizure disorder
 Other (please indicate): _____

Please check appropriate box:

Student attending French immersion Student attending Advanced Placement
 Student attending English-German Bilingual Program Student attending Vocational Program
 Student attending English-Ukrainian Bilingual Program Student attending EAL
 Student attending regular academic program

Parent/guardian signature _____ Requested start date: _____

Any changes relating to the information contained in this application must be reported to the transportation department immediately. Questions should be directed to the transportation department at 204.669.0202. Email this application to transportation@retsd.mb.ca.

FOR DEPARTMENT USE ONLY

Pickup bus: _____

Transfer bus: _____

Transfer bus: _____

Take home bus: _____ Completed by and date: _____



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PARENTAL INFORMED CONSENT FOR OUT OF SCHOOL ACTIVITIES IN THE LOCAL COMMUNITY For Grades Kindergarten – Grade 5

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 their school years. 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 the school 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 and events such as the Terry Fox Walk, taking a class to a nearby park, and jogging for Phys Ed class or club.

The risk of injury exists in all student activities. However, due to the very nature of some activities, the risk of injury may increase. The safety and wellbeing 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): _____

Home Room: _____

Parent/Guardian Signature

Date