



Emerson School

323 Emerson Ave. | Winnipeg, MB R2G 1G3 | Tel: 204.669.4430 | Fax: 204.667.8911
Principal: Ms. L. Palamar | Email: emer@retsd.mb.ca | Web: www.emer.retsd.mb.ca

The River East Transcona School Division Board Office requires schools to view and/or acquire a copy of the following documents for registration of new students:

Proof of Residency of Legal Guardian: 2 of the following required

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

Guardianship

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

Proof of Age

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

TECHNOLOGY USE AND MEDIA COVERAGE INFORMATION

Included in this package you will find RETSD information about policy *IJND-E1- Instructional Technology Use Form for Kindergarten to Grade 12* and policy *KDDB-E1- Parent Permission Form Media Coverage Copyright Permission*.

Students who register in our division are assumed to have parent/guardian permission for both policies.

If you want to opt out of these permissions, you can either print or request a hard copy of these forms. The forms are available on the Emerson School website under "Documents & Forms"

If you are choosing to opt out, please bring the completed & signed forms with your registration package.

Here after, a notice will be sent annually to parents/guardians with a link to the policies and the option to opt out.

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: 20____ / 20____

School name: **EMERSON 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: _____ 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

STUDENT REGISTRATION



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: _____ 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: _____

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.
- 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*):

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 | |

STUDENT REGISTRATION

- 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.

INSTRUCTIONAL TECHNOLOGY USE FORM

KINDERGARTEN TO GRADE 12—IJND-E1



We are pleased to provide students of River East Transcona School Division access to computer network and equipment. Unless otherwise indicated, access to the computer network and equipment will be granted to all students.

1) SAFEGUARDS

Access to instructional technology services will enable students to engage opportunities to digitally create, collaborate and problem solve as well as explore thousands of libraries, databases and digital resources while communicating with users throughout the world.

It is the shared responsibility of the student, parent and school staff to ensure that access to instructional technology services provided by the school system is appropriate.

The River East Transcona School Division uses an Internet filtering system to minimize access to inappropriate websites. Some material accessible via instructional technology might contain items that are potentially offensive to some people, inaccurate, defamatory or illegal. While we do everything we can to prevent such access, it is not possible to *guarantee* that students will not accidentally or purposely find inappropriate material. We believe that the benefits to students from access to instructional technology, in the form of information resources and opportunities for digital creation, communication and collaboration, exceed any disadvantages. Ultimately, parents/guardians of minors are responsible for setting and conveying the digital citizenship standards that their children should follow when using media and information sources. To that end, River East Transcona School Division supports and respects each family's decision not to approve access to computer information technology.

2) DIVISION INSTRUCTIONAL TECHNOLOGY

Students are responsible for their behaviour on school instructional technology tools. Communications on the network can be public in nature. General school rules for behaviour and communications apply as does the divisional Code of Conduct.

Access to instructional technology will enable students to engage in opportunities to digitally create, collaborate and problem solve as well as explore thousands of libraries, databases and other digital resources while communicating with users throughout the world.

Access to instructional technology is given to students to act in a considerate and digitally responsible manner. Access entails responsibility.

Individual users of the instructional technology are responsible for their behaviour and communications using these digital tools. It is presumed that users will comply with divisional standards and will honour the articulated expectations and responsibilities. Network administrators may review files and communications to maintain system integrity and ensure that users are using the system responsibly and in accordance with all applicable policies. Users acknowledge that they have no expectation of privacy in respect of their use of instructional technology information or anything stored on the same.

As outlined in board policy, users will be responsible for their digital learning by:

- a) Recognizing that instructional technology tools are used for educational purposes;
- b) Understanding the positive and negative effects of what is posted and shared in a digital space;
- c) Keeping an educational focus when collaborating and communicating in digital spaces;

INSTRUCTIONAL TECHNOLOGY USE FORM

KINDERGARTEN TO GRADE 12—IJND-E1



- d) Using instructional technology to facilitate and foster positive and meaningful communication and collaboration;
- e) Recognizing that instructional technology tools are often shared devices in schools and treating them in a respectful way is beneficial to the experience of all learners;
- f) Understanding copyright laws and only using online digital resources in a way that is allowable under fair dealing guidelines;
- g) Managing and protecting the safety and security of login credentials and respecting the privacy of the login information of others;
- h) Understanding that the use of my personal technology must not interfere with school work or of the overall learning environment;
- i) Understanding and acting in a manner so as to protect the privacy of myself and others in digital learning spaces;
- j) Recognizing that while my personal electronic device can be a valuable learning tool, River East Transcona School Division will not assume responsibility for the loss, damage, or theft of any personal electronic device.

Any violation of this policy (including but not limited to online threats and intimidation) may result in a loss of access, disciplinary measures, legal action or financial reimbursement. Violations of this policy may also constitute a violation of the divisional code of conduct and/or user responsibility and/or laws including the Criminal Code.

A copy of the complete policy (IJND—*Instructional Technology Use*) is available at the school upon request or at www.retsd.mb.ca.

River East Transcona School Division promotes the use of its instructional technology to improve the digital literacy of its users. Every user is expected to adhere to this policy and by accessing instructional technology consents to follow the expectations contained in the policy. All students are expected to adhere to the policy.

INSTRUCTIONAL TECHNOLOGY USE FORM

KINDERGARTEN TO GRADE 12—IJND-E1 - *OPT OUT*

We are pleased to provide students of River East Transcona School Division access to computer network and equipment. Unless otherwise indicated, access to the computer network and equipment will be granted to all students.

If you are electing to “opt out” of the above access, please contact the school office to request the form.

No action is required if you are not “opting out.”

PARENT PERMISSION FORM

MEDIA COVERAGE, COPYRIGHT PERMISSION

—KDDB-E1



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, division staff or the media quotes or images may be used by the media or in divisional publications or videos, social media accounts or on websites (division, school staff websites).

Student Identification on Websites

Please be assured that on River East Transcona School Division publications (division, school, staff websites, and social media accounts), your child in kindergarten to Grade 8, and their work will be identified by first name only.

Your child in Grade 9 to 12 and their work may be identified by their full name, and their full name may be included with their image, on River East Transcona School Division publications (division, school, staff websites and social media accounts).

Student Copyright Permission

A student's work 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 a student's work to be published by the media or River East Transcona School Division.

PARENT PERMISSION FORM

MEDIA COVERAGE, COPYRIGHT PERMISSION —KDDB-E1 - OPT OUT

If you are electing to “opt out” of any of the items described above, please contact the school office to request the form.

No action is necessary if you are not “opting out.”

PARENT PERMISSION FORM

OUT OF SCHOOL ACTIVITIES IN THE LOCAL COMMUNITY

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 school 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 John Pritchard 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 Terry Fox Walk, Take Pride Manitoba, taking a class to a nearby park, physical activities in the local neighborhood in Phys Ed class. For all activities and events that take students *beyond* the local community, we will ask for specific parental permission.

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 not to participate in activities of this nature, please let us know. In signing this form, I acknowledge receipt of this letter and the information provided therein.

PARENTAL INFORMED CONSENT

THIS FORM WILL BE APPLICABLE UNTIL THE END OF THE CURRENT SCHOOL YEAR OR WHEN PARENTS INDICATE A CHANGE IN PERMISSION.

Student name

Parent name

Parent signature or student signature if
18 years of age or older

Date

PARENTAL OPTION FOR POTENTIALLY SENSITIVE CONTENT GRADE 5 – 8 PHYSICAL EDUCATION / HEALTH EDUCATION

Manitoba Education 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 provincial 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 is in conflict with family, religious or cultural values.

PARENTAL INFORMED CONSENT

PLEASE INDICATE DELIVERY SELECTION FOR EACH TOPIC.

Topic	School Based Delivery	Alternate Delivery
Personal Safety	<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"/>

THIS FORM WILL BE APPLICABLE UNTIL THE END OF THE CURRENT SCHOOL YEAR OR WHEN PARENTS INDICATE A CHANGE IN PERMISSION.

Student name

Parent name

Parent signature or student signature if
18 years of age or older

Date

TRANSPORTATION APPLICATION—REGULAR (FORM A)



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

Date: _____

New to the division Address change

Student name: (Last) _____ (First) _____

Home address: _____ Phone: _____

City/town: _____ Postal code: _____

School: _____ Grade: _____

Babysitter address (if applicable): _____ Phone: _____

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

Life-threatening allergy to: _____ Other (please indicate): _____

Diabetes Seizure disorder Asthma

Parent/guardian signature

Requested start date: _____

Check appropriate box:

- | | |
|--|--|
| <input type="checkbox"/> Student attending French immersion | <input type="checkbox"/> Student attending EAL |
| <input type="checkbox"/> Student attending English-German Bilingual Program | <input type="checkbox"/> Student attending vocational program |
| <input type="checkbox"/> Student attending English-Ukrainian Bilingual Program | <input type="checkbox"/> Student attending kindergarten, odd days |
| <input type="checkbox"/> Student attending Advanced Placement | <input type="checkbox"/> Student attending kindergarten, even days |
| <input type="checkbox"/> Student attending regular academic program | |

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 to: _____

Transfer bus: _____

Take home bus: _____

Completed by: _____ Busing start date: _____