



# RIVER EAST COLLEGIATE

## REGISTRATION INFORMATION 2024-2025

### GRADE 9

*Please take note of the following information:*

The River East Transcona School Division Board Office requires schools to acquire the following documents for registration of new students:

#### **Proof of Residency: 2 of the following required**

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

Additionally, River East Collegiate will only consider a registration form to be completed when it includes the **student's most recent transcript and attendance record**.

Once all required documents have been gathered and handed in, the registration process will be initiated.

#### **TECHNOLOGY USE AND MEDIA COVERAGE INFORMATION**

RETSd has two policies regarding instructional technology use (policy IJND) and media coverage, copyright permission (policy KDDb) Both of these divisional policies can be found at [www.retsd.mb.ca](http://www.retsd.mb.ca) for further reading. Parents/guardians are assumed to be in agreement of both of these policies; forms to "opt out" of either the use of instructional technology or media coverage and copyright permission can be found on our divisional website, signed, and returned to the school if this is not the case

**Collection of a registration is not a guarantee of acceptance at River East Collegiate.**

# RIVER EAST COLLEGIATE Grade 9 Course Sheet 2024-2025

STUDENT FEES \$50.00 (For grade 9 students fees will be collected on the first day of school in the fall.)

STUDENT NAME: (please print) \_\_\_\_\_

## COMPULSORY COURSES – GRADE 9

- ◆ English Language Arts 10F
- ◆ Canada in the Contemporary World 10F
- ◆ Mathematics 10F
- ◆ Physical Education / Health Education 10F
- ◆ Science 10F

## OPTIONAL COURSES

Please number in order of priority – 1 – 3 (maximum 3 options)

\*\*NOTE: To join the German Program you MUST choose Deutsch 10G\*\*

	Applying Information and Communication Technology I and II 15F
	Business Innovations 10S
	Deutsch 10G
	Drama 1A, Drama 10S
	Electricity/ Electronics Technology 10G
	French 10F
	Human Ecology 10S
	Music 1A, Concert Band 10S
	Music 2A, Concert Choir 10S
	Music 3A, Guitar 10S
	Music 7A, Music Production 10S
	Spanish 10G
	Visual Arts 1A: Visual Arts 10S
	Woodwork Technology 10G

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Signature of Middle Years Authority

# STUDENT REGISTRATION REC - Grade 9 - 2024-2025



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: 2024/ 2025

School name: RIVER EAST COLLEGIATE

Applying for Grade 9

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

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: \_\_\_\_\_  Mr.  Mrs.  Ms. Relationship: \_\_\_\_\_

Address:  Same as above Other: \_\_\_\_\_ Postal code: \_\_\_\_\_

Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_ Ext.: \_\_\_\_\_

# STUDENT REGISTRATION



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: \_\_\_\_\_

*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.
- |   |                                    |
|---|------------------------------------|
| <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*):

# 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**

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

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

**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.



September 2024

Dear Parent/Guardian:

The Grade 9 and Grade 10 Physical Education/Health Curriculum unite two subject areas to promote a strong message to students about making safe and healthy lifestyle choices. The vision of the curriculum is physically active and healthy lifestyles for all students by providing students with planned and balanced programming to develop the knowledge, skills and attitudes for physically active and healthy lifestyles.

As outlined in the Physical Education/Health Education curriculum, your son/daughter will be receiving information in the following potentially sensitive content:

- Safety – Personal Safety (Grade 9 only)
- Healthy Lifestyle Practices – Substance Use and Abuse Prevention, Human Sexuality (Grade 9, Grade 10)

Parents should be aware that the curriculum is developmental and age appropriate. The teachers of River East Transcona School Division will have received training from the division and community agencies to ensure delivery of content with respect, sensitivity and thoughtfulness.

Parents have the option to choose a school based or an alternative delivery for potentially sensitive content. Alternative delivery of potentially sensitive content is the responsibility of the parent (i.e. home, professional counseling) where the content is in conflict with family, religious or cultural values. Curriculum materials are available in the school library or at the following website: [www.edu.gov.mb.ca/ks4/cur/physhlth](http://www.edu.gov.mb.ca/ks4/cur/physhlth).

A Parent Information Handbook is also available in the school library. Please do not hesitate to call the school if you have any questions.

## 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.

**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 counseling) of the potentially sensitive content for your child where the content is in conflict with family, religious or cultural values.

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### Delivery of Potentially Sensitive Content

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Student's first and last name)

\_\_\_\_\_  
(Grade)

<b>Topic</b>	<b>School Based Delivery</b>	<b>Alternate Delivery</b>
Personal Safety (Grade 9 only)	<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"/>

\_\_\_\_\_  
Parent / Guardian Signature

**THIS FORM SHOULD BE COMPLETED AND SIGNED AND RETURNED IN THIS APPLICATION PACKAGE.**





# River East Collegiate

295 Sutton Ave. | Winnipeg, MB R2G OT1 | Tel: 204.338.4611 | Fax: 204.338.9515  
Principal: Brian Locken | Vice-principal: Nadia Binda-Moir | Vice-principal: Luke Klassen  
Vice-principal: Tracey Lintott | Email: rec@retsd.mb.ca | Web: www.retsd.mb.ca/rec

September 2024

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 the course of 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 River East Collegiate 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 fitness walking and winter activities in Physical Education Classes.*

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.

I / We understand and acknowledge that my / our child may suffer personal and potentially serious injury due to an unforeseeable event associated with participation in sports, recreational activities and other off-school site programs, and voluntarily assume the risk of injury inherent in the sport, recreational activity or other off-school site program.

I / We understand that, in case of emergency medical or hospital services being required by the above-listed participant, and with the understanding that every reasonable effort will be made by the school/hospital to contact me, my signature on this form authorizes the board, through its employees, agents, and officers [to] secure such medical advice and services as they deem necessary for my child's health and safety, and that I shall be financially responsible for such advice and services.

I / We understand that the Rules and Regulations pertaining to this activity are designed for the safety and protection of participants.

I / We acknowledge my right to obtain as much information as I require about this program or activity and associated risks and hazards, including information beyond that provided to me by the school.

I / We acknowledge that it is my responsibility to advise the school of any medical and/or health concerns of my child that may affect his/her participation in the stated program or activity.

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

Effective Date: December 16, 2003      Review Date: November 9, 2022  
Amended Date: May 4, 2004; June 21, 2005; April 17, 2018  
Board Motion(s): 683/03; 304/04; 349/05; 94/18  
Legal/Cross Reference: IJOA-R-Procedures for Out of School Education



# River East Collegiate

295 Sutton Ave. | Winnipeg, MB R2G OT1 | Tel: 204.338.4611 | Fax: 204.338.9515  
Principal: Brian Locken | Vice-principal: Nadia Binda-Moir | Vice-principal: Luke Klassen  
Vice-principal: Tracey Lintott | Email: [rec@retsd.mb.ca](mailto:rec@retsd.mb.ca) | Web: [www.retsd.mb.ca/rec](http://www.retsd.mb.ca/rec)

August 2024

Dear Parent(s)/Legal Guardian(s):

This letter is to inform you that there will be a service dog in our school assisting one of our students.

This service animal is a highly trained companion for our student and is able to assist in many of the routine activities which may pose some challenges for this student. Service animals are comparable to a guide service dog and are included in every aspect of the student's life. The student's right to have a service dog is protected under Human Rights legislation.

There will be information sessions at the school to integrate the service animal into our daily routines and all of our students will be instructed as to the proper procedure around the service dog. They will be informed that the service dog is a working service dog and not a pet while at school.

We anticipate the service animal being of benefit to the student's learning and we look forward to this new addition to our school and school community.

Thank you for your understanding, support and interest.

Should you have any concerns please contact the school.

Sincerely,

Mr. Brian Locken

Principal