



RIVER EAST COLLEGIATE REGISTRATION INFORMATION 2025-2026 GRADE 10

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 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 2025-2026

Grade 10 Course Selection Sheet

(Please Print) Student's Last Name: _____ Student's First Name: _____
Teacher Advisor Name: _____

Below are the compulsory courses for Grade 10. Students must register for the Grade 10 course in each group. Please also select any Grade 9 course where credits have not yet been earned.

Please refer to the 2025-2026 Course Selection Guide for a list of course descriptions.

ENGLISH

- E20F - English 20F

SCIENCE

- S20F - Science 20F

MATHEMATICS

- M20SE - Mathematics: Essential 20S
- M20SI - Mathematics: Intro to Applied/Pre-Calculus Math 20S

SOCIAL SCIENCES and GEOGRAPHY

- G20F - Geographic Issues of the 21st Century 20F

PHYSICAL EDUCATION

- PEH20F - Physical Education/Health Education 20F

GERMAN LANGUAGE COURSES

- DE20G - Deutsch 20G and
- G20GG - Geographie (German) 20G

STUDENTS MUST ALSO SELECT UP TO THREE OPTION CREDITS FOR GRADE 10. CHOOSE FROM LIST BELOW.

INDUSTRIAL ARTS

HUMAN ECOLOGY

- HEC20SFS - Family Studies 20S
- HEC25SFN - Food and Nutrition 25S and
- HEC25STAD - Textile Arts and Design 25S

ELECTRICITY/ ELECTRONICS TECHNOLOGY

- E20GE&E - Electricity/Electronics Technology 20G

GRAPHIC COMMUNICATION TECHNOLOGY

- TE20GGRC - Graphic Communication Technology

WOODWORK TECHNOLOGY

- TE20GWOO - Woodwork Technology 20G

BUSINESS & COMPUTER TECHNOLOGY

BUSINESS TECHNOLOGY

- C20SCP - Creative Promotions 20S
- C20SE - Entrepreneurship 20S
- LWP20S - Life/Work Planning 20S
- C20SPF - Personal Finance 20S

COMPUTER TECHNOLOGY

- DP25S - Digital Pictures 25S and
- DFM25S - Digital Film Making 25S

COMPUTER SCIENCE

- CS20S - Computer Science 20S

CREATIVE ARTS

DRAMA

- DR20S - Drama 1A, Drama 20S

MUSIC

- MUCB20S - Music 1A, Concert Band 20S
- MUCC20S - Music 2A, Concert Choir 20S
- MUG20S - Music 3A, Guitar 20S
- MUMP20S - Music 7A, Music Production 20S

VISUAL ART

- VART20S - Visual Arts 1A, Visual Art 20S
- VART2A20S - Visual Arts 2A, Ceramics 20S

MODERN LANGUAGES

- F20F - French 20F: Communication and Culture 20F
- SP20F4YR - Spanish 20F

PHYSICAL EDUCATION (Option)

- PE21G1 - Elements of Wilderness Education 21G (Outdoor Education)

SOCIAL SCIENCES

- H20G - History: American 20G

CORE RECOVERY (if you did not receive credit in grade 9)

- E10F - English 10F
- M10F - Math 10F
- S10F - Science 10F
- CCW10F - Canada in the Contemporary World 10F
- PEH10F - Physical Education/ Health Education 10F

- Check box if submitting an Expression of Interest for the Hairstyling Intensive Vocational Program at Kildonan East Collegiate for Grade 10. Expression of Interest Forms are available in the office and must be submitted with this course selection sheet.

Date of Application: _____ Signature of Student: _____

Signature of Parent/Guardian: _____ Teacher Advisor Signature: _____

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/ 25 20 26

School name: RIVER EAST COLLEGIATE

Applying for Grade 10

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.



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 | Acting Vice-Principal: Dana Sands
Vice-Principal: Tracey Lintott | Email: rec@retsd.mb.ca | Web: www.retsd.mb.ca/rec

January 2025

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