



# RIVER EAST COLLEGIATE REGISTRATION INFORMATION 2025-2026 GRADE 12

*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**

RETSO has two policies regarding instructional technology use (policy IJND) and media coverage, copyright permission (policy KDDDB) 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 2025-2026

## Grade 12 Course Selection Sheet

**(Please Print)** Student's Last Name: \_\_\_\_\_ Student's First Name \_\_\_\_\_

Teacher Advisor Name: \_\_\_\_\_

**Below are the compulsory courses for Grades 12. Review your transcript to ensure you sign up for the appropriate grade level courses required for graduation. Please refer to the 2025-2026 Course Selection Guide for a list of course descriptions.**

### ENGLISH

- E40SLFA - English: Advanced Literary Focus 40S **and**
- APE42SLI - English: Literature & Composition AP 42S (2 credits)
- E40SCF - ELA: Comprehensive Focus 40S
- E40SLF - ELA: Literary Focus 40S
- E40STF - ELA: Transactional Focus 40S

### MATHEMATICS

- M40SA - Mathematics: Applied 40S
- M40SE - Mathematics: Essential 40S
- M40SP - Mathematics: Pre-Calculus 40S
- APM42SA - Calculus (AB) AP 42S

### PHYSICAL EDUCATION

- PEH40F – Physical Education - Regular
- PEH40FWW – Lifetime Wellness
- PEH40FPF – Advanced Fitness

### GERMAN LANGUAGE COURSE

- APDEU42S – DEUTSCH AP 42S

**Grade 12 Optional Courses. Grade 12 students may register for a total of 6 courses or the number of courses required for graduation.**

### **INDUSTRIAL ARTS**

#### HUMAN ECOLOGY

- HEC30SFS - Family Studies 30S
- HEC35SFN - Food and Nutrition 35S **and**
- HEC35STAD - Textile Arts and Design 35S
- HEC30SFN - Food and Nutrition 30S
- HEC40SFS - Family Studies 40S
- HEC40SFN - Food and Nutrition 40S
- HEC45SFN - Food and Nutrition 45S **and**
- HEC45STAD - Textile Arts and Design 45S

#### ELECTRICITY

- TE30SE&E - Electricity/Electronics Technology 30S
- TE40SE&E - Electricity/Electronics Technology 40S

#### WOODWORK TECHNOLOGY

- TE30SWOO - Woodwork Technology 30S
- TE40SWOO - Woodwork Technology 40S

### **BUSINESS & COMPUTER TECHNOLOGY**

#### BUSINESS TECHNOLOGY

- C30SAE - Accounting Essentials 30S
- LWB30S - Life/Work Building 30S **and**
- CDI30G - Career Development 30G
- C30SRP - Retailing Perspectives 30S
- C30SVD - Venture Development 30S
- C40SAS - Accounting Systems 40S
- C40SBMT - Business Management 40S

- LWT – 40S - Life/Work Transition 40S **and**
- CDI40G - Career Development 40G

#### COMPUTER TECHNOLOGY

- IM35S - Interactive Media 35S **and**
- BM35S - Broadcast Media 35S

- DP35S - Desktop Publishing 35S **and**
- DCA35S - Data Collection and Analysis 35S

- WD35S - Web Design 35S **and**
- IW35S - Interactive Websites 35S

- AN35S - 2D Animation 35S **and**
- 3DM35S - 3D Modeling 35S

#### COMPUTER SCIENCE

- CS40S - Computer Science 40S
- APCS42SA - Computer Science A – AP 42S

### **CREATIVE ARTS**

#### DRAMA

- DR30S - Drama 1A, Drama 30S
- DR40S - Drama 1A, Drama 40S

#### MUSIC

- MUCB30S - Music 1A, Concert Band 30S
- MUCC30S - Music 2A, Concert Choir 30S
- MUG30S - Music 3A, Guitar 30S
- MUMP30S - Music 7A, Music Production 30S
- MUCB40S - Music 1A, Concert Band 40S
- MUCC40S - Music 2A, Concert Choir 40S
- MUG40S - Music 3A, Guitar 40S
- MUMP40S - Music 7A, Music Production 40S

#### VISUAL ARTS

- VART30S - Visual Arts 1A, Visual Art 30S
- VART2A30S - Visual Arts 2A, Canadian Indigenous Art 30S
- VART40S - Visual Arts 1A, Visual Art 40S

### **MODERN LANGUAGES**

- F30S - French 30S: Communication and Culture 30S
- SP30S4YR - Spanish 30S
- F40S - French 40S: Communication and Culture 40S
- SP40S4YR - Spanish 40S

### **SCIENCE**

- S30S - Current Topics in the Sciences 30S
- B30S - Biology 30S
- C30S - Chemistry 30S
- P30S - Physics 30S
- B40S - Biology 40S
- APB42S - Biology AP 42S
- C40S - Chemistry 40S
- P40S - Physics 40S
- APP42S1 - Physics 1AP 42S
- APES42S - AP Environmental Science 42S
- C40SA – Chemistry 40SA **and**
- APC42S – Chemistry AP42S

### **SOCIAL SCIENCES**

- H40SWC - History: Western Civilization 40S
- CTF40S - Current Topics in FNMI Studies 40S
- GI40S - Global Issues: Citizenship & Sustainability 40S
- BL40S - Canadian Law 40S
- PSY40S - Psychology 40S

### **CORE RECOVERY**

- E30SCF – ELA: Comprehensive Focus 30S
- M30SE – Mathematics: Essential 30S
- HC30F – History of Canada 30F
- PEH30F – Physical Education 30F - Regular

### **ATTENTION:**

If you would like to register for additional courses, please list them on an Additional Course Request form.

Post-secondary requirements are different from graduation requirements.

Please refer to the Course Handbook for requirements or see one of the Guidance Counsellors.

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 12

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: \_\_\_\_\_

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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:

- Anishinaabe (Ojibway/Saulteaux)
- Ininiw
- Dene (Sayisi)
- Dakota
- Oji-Cree
- Michif
- Inuktitut
- Other: Please specify: \_\_\_\_\_

## MEDICAL QUESTIONNAIRE

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

1. Anaphylaxis  Yes  No
2. Anaphylaxis—has EpiPen prescribed  Yes  No
3. Asthma  Yes  No
4. Asthma—has inhaler prescribed  Yes  No
5. Bleeding (i.e., hemophilia, Von Willebrand disease)  Yes  No \_\_\_\_\_
6. Cardiac condition  Yes  No
7. Catheterization  Yes  No
8. Central line  Yes  No
9. Diabetes  Yes  No
10. Gastrostomy  Yes  No
11. Intermittent catheterization  Yes  No
12. Medication  Yes  No \_\_\_\_\_
13. Nasogastric tube  Yes  No
14. Osteogenesis imperfecta  Yes  No
15. Ostomy  Yes  No
16. Oxygen  Yes  No
17. Seizure disorder  Yes  No
18. Steroid dependence  Yes  No
19. Suctioning (A)—tracheal suctioning  Yes  No
20. Suctioning (B)—oral/nasal suctioning  Yes  No
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**

# 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