

# 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: 2025-2026

School name: JOHN de GRAFF

Applying for Grade (please circle): 1 2 3 4 5

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: \_\_\_\_\_

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## 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 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*):

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- ☐ 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**

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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.

# JOHN de GRAFF SCHOOL

❖ 1020 LOULEDA STREET

❖ WINNIPEG, MANITOBA R2K 3Z4

❖ 204.669.1280

❖ PRINCIPAL: MS. C. QUA

❖ VICE-PRINCIPAL: MRS. A. ILCHENA-CARLSON

❖ 204.668.9413

## PARENTAL INFORMED CONSENT FOR OUT OF SCHOOL ACTIVITIES IN THE LOCAL COMMUNITY

March 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 the 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 de Graff 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, jogging for Phys Ed class or club, walk to the library, bowling, or field day.

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 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): \_\_\_\_\_

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

\_\_\_\_\_  
Date



# John de Graff School

1020 Louelda St. | Winnipeg, MB R2K 3Z4 | Tel: 204.669.1280 | Fax: 204.668.9413  
Principal: Christi Qua | Vice-principal: Andrea Ilchena-Carlson  
Email: [jdg@retsd.mb.ca](mailto:jdg@retsd.mb.ca) | Web: [www.retsd.mb.ca/jdg](http://www.retsd.mb.ca/jdg)

## 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 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 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](http://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 KDDB-E1

## CONSENT FOR EXCHANGE OF INFORMATION

I, \_\_\_\_\_  
(parent/guardian's name)

give consent for the **River East Transcona School Division** to receive and/or give information about

\_\_\_\_\_  
(child's full name)

\_\_\_\_\_  
(child's birth date)

- Information may concern this child's speech, language, intellectual, emotional and social development and educational, psychiatric, hearing or health needs.
- Information may be exchanged in written or spoken form.

This information may be received from and/or given to:

\_\_\_\_\_  
(Name/Agency)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Postal Code)

This information will be used for:

\_\_\_\_\_  
(purpose)

Information received by the division will be kept in a confidential file and be seen only by those people working on behalf of this child.

It is my choice to give consent. I understand that I may withdraw this consent at any time by notifying the division in writing.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

### **Office Use Only:**

**Telephone Consent:** This consent form was discussed with the parent/guardian who verbally consented to exchange of information.

**Name of Resource/Counselor: (please print)** \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_