



Lord Wolseley Elementary School

939 Henderson Hwy. Winnipeg, MB R2K 2M2 Tel: 204.661.2384 Fax: 204.668.9363

Principal: Mrs. A. Cieszecki Email: lw@retsd.mb.ca Web: www.lw.retsd.mb.ca

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

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

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/____ 20____

School name: _____

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 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: _____

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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*):

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**

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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.



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September

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

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 Lord Wolseley 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 visiting the Henderson Public Library, participating in the Terry Fox Walk, classroom neighbourhood walks, and trips to a nearby park.

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.

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.

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): _____

Home Room: _____

Parent/Guardian Signature

Date