

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: _____

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

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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 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

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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.

TECHNICAL VOCATIONAL INTENSIVE PROGRAMS

EXPRESSION OF INTEREST



What are technical vocational intensive programs?

Students who are currently in Grade 10 are invited to apply for a position in one of the technical vocational intensive programs. These programs run for two years (Grades 11 and 12) and involve students attending either Kildonan-East Collegiate or Murdoch MacKay Collegiate for one semester in each of the two years. Each semester, students will take four technical vocational courses in order to complete their technical vocational diploma.

The technical vocational intensive programs allow students from across River East Transcona access to technical vocational education starting at the Grade 11 level. Students remain connected to their community school while having access to specialized training and equipment that's only available at the two technical vocational schools in RETSD. Kildonan-East and Murdoch MacKay will work with the student's home school to ensure that courses required for graduation can be completed. Students will graduate from their home school pending the completion of provincial graduation requirements. Placement at one of the schools will be based on space and scheduling considerations.

Why technical vocational education?

Skilled trade and technology careers are important to the well-being of our communities and are an excellent career path for many young people. Embarking on a career in the skilled trades is great for individuals who like to think creatively, solve problems, and work actively within a hands-on environment.

Students interested in a technical vocational intensive program should be:

- Interested in considering a career in the trades
- Self-motivated
- Able to maintain focus on a single subject/topic for longer blocks of time
- Able to arrange for transportation to the designated technical vocational school

TECHNICAL VOCATIONAL INTENSIVE PROGRAMS EXPRESSION OF INTEREST



The attached expression of interest is to be completed by students who are interested in registering for the technical vocational intensive program. In River East Transcona School Division, this program is offered at both Kildonan-East and Murdoch MacKay.

Student name: _____

Address: _____

Home phone: _____

Cell: _____

Email: _____

Current school: _____

Program you're interested in (indicate up to two): _____

Why are you interested in this program?

Describe who you are as a learner and how this fits with the program.

What are you excited about? Highlight skills or interests based on things you've experienced at school, while volunteering, or through work experience, hobbies, and extracurricular activities.

For parents: Why are you in support of this application?

Student signature

Date

Parent/guardian signature

Date

Application should be returned to home school.

HOME SCHOOL OFFICE USE:

I have reviewed the application and am in support. All credits can be completed prior to graduation.

Name of counsellor: _____

sTeam INTENSIVE

EXPRESSION OF INTEREST



What is sTeam?

Science (s) and technology (T) interpreted through engineering (e) and the arts (a), all based in mathematical (m) elements, providing a lens to look at the world around us in meaningful, connected ways. The sTeam Intensive is designed to provide innovative programming that will:

- Focus on community building, self-awareness, and resiliency
- Provide opportunities for high-potential careers with multiple paths
- Provide opportunities for a wide range of students through skill-building
- Increase awareness/skills regarding career pathways
- Partner with industry, post-secondary institutions, and government
- Be project-based, inquiry-driven, and sTeam-focused
- Build in purposeful mentorship opportunities with related industries

Why sTeam?

The sTeam Incubator provides students an opportunity, through project-based inquiry, to fulfil some credit requirements. Students are the driving factor in their learning, choosing the topics and issues that connect with them. The sTeam teachers facilitate their learning by helping them connect to the curriculum and the community, organize their thoughts, and clarify the design process. Throughout the learning, students will develop skills in collaboration, critical thinking, creativity, communication, character, and citizenship.

What type of student would enjoy sTeam?

Learners who appreciate hands-on, interdisciplinary curriculum experiences combined with flexible pacing that allows time to explore and learn through a variety of digital platforms. sTeam learners will connect to the community in powerful, unique ways that will inspire a pursuit of deeper knowledge. Students who flourish in sTeam will:

- Enjoy exploring learning through science, technology, engineering, arts, and math
- Have a keen interest in wanting to understand how things work and like to build, create, or design things
- Enjoy learning through inquiry, experimentation, and reflection
- See the importance in being self-motivated and like to learn independently, as well as in collaborative groups
- Demonstrate a commitment to learning and exploring new ideas
- Enjoy co-operating with peers for group projects and collaborative learning explorations
- Thrive in challenging and creative academic environments
- Contribute to a positive and respectful classroom and school community
- Be open and interested in sharing and celebrating learning
- Benefit from connections with industry partners in exploring career pathway options

We ask that if you have an interest in having your child be considered for sTeam, please provide the requested information on the final page of this package. This group will be scheduled together as a class for the full morning of one semester. Interest or experience with the computer sciences would be an asset. Consideration will be given to ensure that access to sTeam represents the diversity that makes up our school community.

Completed sTeam submissions (see next page) should be brought directly to the school office by **the end of March**. Should you have any questions for clarification, please be sure to contact the school office.

sTeam INTENSIVE EXPRESSION OF INTEREST



The attached expression of interest is to be completed by students who are interested in registering for the sTeam Intensive. In River East Transcona School Division, the sTeam Intensive is offered at Murdoch MacKay Collegiate.

Student name:

Address:

Home phone:

Cell:

Email:

Learning profile: Describe what excites you about learning and how you would embrace the challenges and opportunities of being part of sTeam.

Skills/interests: What are you passionate about? Highlight skills or interests based on things you have experienced at school, while volunteering, or through work experiences, hobbies, and extracurricular activities.

For parents: Why are you in support of this application?

Student signature:

Date:

Parent/guardian signature:

Date:

**MURDOCH MACKAY COLLEGIATE
GRADE 9 COURSE SELECTION**

For the 2025-2026 school year, the following courses are compulsory for all Grade 9 students:

COMPULSORY COURSES – GRADE 9 (6.5 CREDITS)

- * English 10F
- * Life/Work Exploration 15S
- ** Mathematics 10F
- ** Transitional Mathematics 10F
- Science 10F
- Canada in the Contemporary World 10F
- Physical Education 10F

OPTIONAL COURSES (3 CREDITS)

Please number in order of preference – 1 through 6 (a total of 3 are required for Grade 9 students)

- | | |
|---|--------------------------------------|
| _____ Intro to Automotive Technology 15S & Exploration of Welding Technology 15S
(Technical Education) | |
| _____ Intro to Carpentry 15S & Intro to Machining Technology 15S
(Technical Education) | |
| _____ Exploration of Fashion Design & Technology 10S
(Technical Education) | |
| _____ Visual Art 10S | _____ French 10F |
| _____ Band 10S | _____ Foods & Nutrition 10S |
| _____ Music Production 10S | _____ Graphics 10G |
| _____ Drama 10S | _____ Computer Science 20S |
| _____ Electronics 10G | _____ Guitar 10S |
| _____ Family Studies 10S | _____ Drafting Design Technology 10G |
| _____ Applying Information & Communication Technology 15F | _____ Woodworking Technology 10G |

Students may select these courses as additional credits due to the fact they are offered outside of the regular timetable.

- _____ Choral 10S
- _____ Jazz Band 10S (only if registered for Band 10S)