



# Bertrun E. Glavin Elementary

166 Antrim Rd. | Winnipeg, MB R2K 3L2 | Tel: 204.669.1277 | Fax: 204.668.9361  
Principal: Colin McDonald | Email: [beg@retsd.mb.ca](mailto:beg@retsd.mb.ca) | Web: [www.beg.retsd.mb.ca](http://www.beg.retsd.mb.ca)

Dear Parents/Guardians,

Kindergarten registration begins on Friday, March 1 at 8:00 a.m. and continues throughout the month. Completed registration forms with photos of the required identification may be emailed to the school at [beg@retsd.mb.ca](mailto:beg@retsd.mb.ca) beginning at 8:00 a.m. on Friday, March 1.

To register your child, ***WE REQUIRE THE FOLLOWING IDENTIFICATION:***

▪ **Two Pieces Proof of Residency:**

Please note that **two** of these are required:

- Driver's License
- Manitoba Health Card
- Tenancy agreement (duly signed)
- Offer to purchase documents (completed with signatures)
- Utility bill (name and corresponding address)

▪ **Proof of Age:** child must be turning 5 prior to Dec 31<sup>st</sup>, 2024 (born in 2019)

- Birth Certificate
- Baptismal Certificate
- Passport
- Treaty Card
- Certificate of Birth registration, signed by Director of Vital Statistics
- MB medical may be accepted if unable to provide any of the above

There can be no exceptions to this required identification. If you do not have one of these items, you will have to bring it in before your child will be registered. Please have these items ready when handing in your child's registration.

**YOU MUST REGISTER YOUR CHILD AT THEIR DESIGNATED SCHOOL. If you wish for your child to attend a school outside of your designated area, please request a "school of choice" form.**

Thank you for your interest in our school. If you have any questions, please feel free to contact us at 204-669-1277.

Thank you,

Mr. C. McDonald  
Principal



Dear Parents/Legal Guardians,

Vaccines have been shown to be a safe and effective way of protecting children from diseases. It can also protect other persons who cannot be immunized due to certain health conditions. It is thus very important to make sure that your child is up to date with their immunizations.

We strongly recommend that children between 4 and 6 years of age receive the following immunizations:

Vaccine name	
Measles, mumps, rubella and varicella vaccine (MMRV vaccine)	<b>Preschool</b>
Diphtheria, tetanus, pertussis and polio vaccine (DTaP-IPV vaccine)	<b>Preschool</b>

Please check your child's immunization records to see if your child is up to date. You can visit the Manitoba Health website to know more about routine immunizations for infants and children (<https://www.gov.mb.ca/health/publichealth/cdc/div/schedules.html>). You can also discuss this with your primary care provider.

If your child needs immunizations, your primary care provider (family physician or pediatrician), a walk-in doctor, a nurse practitioner or a public health nurse can provide them.

If you do not have a copy of your child's immunization record, you can call the WRHA immunization records request line at **(204) 938-5347**.

If you are new to Manitoba, you can provide a copy of your child's immunization records to your local public health office. These records will be entered in the Manitoba immunization registry.

If you have questions or do not have access to a health care provider to immunize your child, please call your local public health office at the number shown below.

Sincerely,  
River East and Transcona Public Health Team

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**Access River East**

975 Henderson Hwy Winnipeg, MB R2K 4L7  
Tel: 204.938.5000 Fax: 204.938.5119

**Access Transcona**

845 Regent Ave Winnipeg, MB R2C 3A9  
Tel: 204.938.5555 Fax: 204.938.5296

### Recommended Immunization Schedule for Infants and Pre-School Children

Vaccine	Age of Child					
	2 months	4 months	6 months	12 months	18 months	4-6 years
<a href="#">Diphtheria, Tetanus, Pertussis, Polio, Haemophilus influenzae type b (DTaP-IPV-Hib)</a>	◆	◆	◆		◆	
<a href="#">Pneumococcal Conjugate 13 valent (Pneu-C-13) ^</a>	◆	◆		◆		
<a href="#">Rotavirus *</a>	◆	◆				
<a href="#">Measles, Mumps, Rubella, Varicella (MMRV)</a>				◆		◆
<a href="#">Meningococcal C Conjugate (Men-C-C)</a>				◆		
<a href="#">Tetanus, Diphtheria, Pertussis, Polio (Tdap-IPV)</a>						◆
<a href="#">Influenza (Flu)</a>	All Manitobans 6 months of age and older are eligible for influenza vaccine each year. <a href="#">Click here for current information on the seasonal</a>					

◆ = A single vaccine dose given.

^ = Children with high-risk medical conditions and those living in First Nations communities should be immunized at 2, 4, 6 and 18 months.

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# 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, Man., R2K 2P7, Tel: 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

Preferred 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)  Student 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

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: \_\_\_\_\_  Mr.  Mrs.  Ms. 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

# STUDENT REGISTRATION



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: \_\_\_\_\_  Mr.  Mrs.  Ms. 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: \_\_\_\_\_  Mr.  Mrs.  Ms. 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: \_\_\_\_\_  Mr.  Mrs.  Ms. 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



## 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 page 1/2 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: \_\_\_\_\_ or 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*):

- 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: _____ |

# STUDENT REGISTRATION



## 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.**

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.



# STUDENT REGISTRATION



## SUPPORT SERVICES

Please indicate if the student has utilized any of the following services

**OFFICE:** If any items have been checked off, forward to the school principal

- |                                        |                                               |
|----------------------------------------|-----------------------------------------------|
| <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 son/daughter. 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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## K-4 PHYSICAL EDUCATION/HEALTH EDUCATION

### Parental Option for Potentially Sensitive Content

The Manitoba Education Department of the Provincial Government has mandated all potentially sensitive outcomes. Please complete either the school-based delivery form or the alternate delivery form below:

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### 1. School Based Delivery Form

My child \_\_\_\_\_ has  
(Child's first and last name) (Grade)

my/our permission to participate in the school-based delivery of the potentially sensitive issues as outlined by the Manitoba Education curriculum.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Guardian Signature)

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### 2. Alternate Delivery Form

I assume the responsibility for an alternative, home based delivery (home, professional counseling) of the potentially sensitive content for my child where the content is in conflict with family, religious or cultural values.

\_\_\_\_\_  
(Child's first and last name)

\_\_\_\_\_  
(Grade)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Guardian Signature)



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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 in this letter.

The River East Transcona School Division and the staff of Bertrun E. Glavin 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 Terry Fox Walk, taking a class to a nearby park, jogging for PhysEd class.

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

Home Room: \_\_\_\_\_

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

\_\_\_\_\_  
Date

Effective Date: December 16, 2003  
Amended Date: June 21, 2005; April 17, 2018  
Board Motion(s): 683/03; 349/05; 94/18  
Legal/Cross Reference: IJOA – Out of School Education

Review Date:





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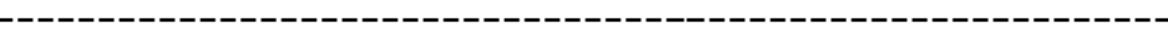
Principal: Colin McDonald | Email: beg@retsd.mb.ca | Web: www.beg.retsd.mb.ca

Bertrun E. Glavin School will be offering the opportunity for students to participate in optional Smudge Ceremonies throughout the course of the school year.

To consent for your child to participate in Smudges that will take place during the 2024-2025 school year, please return the form below by September 27<sup>th</sup>, 2024.

Your child can decline participation, even if you have provided consent. For more information regarding the Smudge, please see the attached sheet.

Sincerely,  
Bertrun E. Glavin Staff



## PARENTAL INFORMED CONSENT

Activity Title: Smudge Ceremonies

Date of Activity: Dates yet to be determined

Name of Student (please print): \_\_\_\_\_

Name of Classroom Teacher: \_\_\_\_\_

**I/We, the undersigned, hereby acknowledge that certain risks of injury are inherent in the participation in sports, recreational activities and other off-school site programs. These types of injuries may be minor or serious.**

**I/We understand that the Rules and Regulations pertaining to this activity are designed for the safety and protection of participants.**

**I/We understand that the choice to participate brings with the individual the ASSUMPTION OF RISK which is part of those activities.**

**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.**

My child has permission to participate in Smudge activities  (check for yes)  (check for no)

Parent/Guardian Signature:

Date:

\_\_\_\_\_

\_\_\_\_\_

## Smudging

Smudging is a purification ceremony that has its roots in the Indigenous cultures of the world. We will smudge using sage; it produces a strong and distinct odour, but the smoke associated with it is minimal and last a very short time. The sage is placed in an abalone shell and lit with matches. The smoke is pushed forward using an Eagle Feather. When we smudge we first clean our hands with the smoke rising from the bowl, as if we were washing our hands. We then draw the smoke over our hearts, our mouths, eyes, ears and our feet.



We smudge our hearts to open it up to compassion and to have good thoughts about others



We smudge our mouths so that we will only speak of good things about others



We smudge our eyes so that we will only see good things in others



We smudge our ears so that we will only listen to good things about others



We smudge our whole being to our feet so that we may portray the good part of our self through our actions.

Students given permission to participate will be invited to stand around the smudging circle. They may choose to smudge or to say "pass" when it is their turn if they are more comfortable just observing. Students without permission to smudge will not be made part of the circle.