

STUDENT REGISTRATION

German Bilingual Program



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

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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: _____

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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: _____ |

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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.

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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.

OPT-OUT for Instructional Technology Use and Parent Permission Media Release Policies and Forms

Unless parents indicate otherwise, all permissions are in place for the current school year. Please read the new Instructional Technology Use policy ([IJND](#)) and form ([IJND-E1](#)) as well as the updated Parent Permissions Media Release policy ([KDDB](#)) and form ([KDDB-E1](#)).

Should you wish to opt out please complete the ([IJND-E1](#)) Instructional Technology Use (K-Gr. 12) Form and /or the ([KDDB-E1](#)) Parent Permission Form for Media Coverage, Copyright Permissions and include them with your child's registration.



Donwood School

400 Donwood Dr. | Winnipeg, MB R2G 0X4 | Tel: 204.668.9438 | Fax: 204.668.9269

Principal: Darlene Martineau | Vice-principal: Nicole Ziemianski

Email: don@retsd.mb.ca | Web: www.don.retsd.mb.ca

PARENTAL INFORMED CONSENT FOR OUT OF SCHOOL ACTIVITIES IN THE LOCAL COMMUNITY For Grades Kindergarten – Grade 5

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 their school years. 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 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.

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 wellbeing 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:

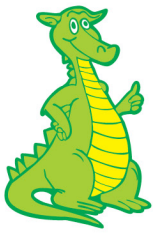
Before your child may participate in any local community activities, this signed consent form must be received at the school.

Student's Name (please print): _____

Home Room: _____

Parent/Guardian Signature

Date



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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:

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)

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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5-8 PHYSICAL EDUCATION/HEALTH EDUCATION

Parental option for Potentially Sensitive Content

The Manitoba Education Department of the Provincial Government has mandated the delivery of all potentially sensitive outcomes. Please check either **School Based Delivery** or **Alternate Delivery** for each topic below.

School Based Delivery indicates you are granting permission for your child to participate in the school based delivery of the potentially sensitive issues as outlined by the Manitoba Education curriculum.

Alternate Delivery indicates you are assuming the responsibility for an alternative, home based delivery (home, professional counseling) of the potentially sensitive content for your child where the content is in conflict with family, religious or cultural values.

Delivery of Potentially Sensitive Content

(Date)

(Child's first and last name)

(Grade)

Topic	School Based Delivery	Alternate Delivery
Personal Safety	<input type="checkbox"/>	<input type="checkbox"/>
Substance Use and Abuse Prevention	<input type="checkbox"/>	<input type="checkbox"/>
Human Sexuality	<input type="checkbox"/>	<input type="checkbox"/>

(Parent/Guardian Signature)

TRANSPORTATION APPLICATION (FORM A)



Date: _____

PART A — Parent/guardian complete Part A and return form to the school

Student name: (Last) _____ (First) _____

Home address: _____ Phone: _____

City/town: _____ Postal code: _____

School: _____ Grade: _____

Babysitter address (if applicable): _____ Phone: _____

Please check if your child has any conditions that could require intervention during transportation:

Life-threatening allergy to: _____ Other (please indicate): _____

Diabetes Seizure disorder Asthma

Parent/student signature Requested start date: _____

PART B — To be completed by the school

Check appropriate box:

- | | |
|--|---|
| <input type="checkbox"/> Student attending French immersion | <input type="checkbox"/> Student attending regular academic program |
| <input type="checkbox"/> Student attending English-German Bilingual Program | <input type="checkbox"/> Student attending EAL |
| <input type="checkbox"/> Student attending English-Ukrainian Bilingual Program | <input type="checkbox"/> Student attending vocational program |
| <input type="checkbox"/> Student attending International Baccalaureate | <input type="checkbox"/> Student attending kindergarten, odd days |
| <input type="checkbox"/> Student attending Advanced Placement | <input type="checkbox"/> Student attending kindergarten, even days |

Principal signature Cohort: _____

Any changes relating to the information contained in this form must be reported to the transportation department immediately. Questions should be directed to the transportation department at 204.669.0202.

FOR DEPARTMENT USE ONLY

Pickup bus: _____ Other details: _____

Transfer to: _____

Transfer bus: _____

Take home bus: _____

Completed by: _____ Busing start date: _____