



# Emerson School

323 Emerson Ave. | Winnipeg, MB R2G 1G3 | Tel: 204.669.4430 | Fax: 204.667.8911  
Principal: Ms. L. Palamar | Email: emer@retsd.mb.ca | Web: www.emer.retsd.mb.ca

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 with 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



# 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: **Emerson School**

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



## 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 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*):

# 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 |       |

# STUDENT REGISTRATION

- 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.

## 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

- Resource
- School counsellor
- Reading
- Psychology
- Psychiatry
- Speech & language
- Social work
- Occupational therapy
- Physiotherapy
- Outside agency
- Child in care
- 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.

# INSTRUCTIONAL TECHNOLOGY USE FORM

## KINDERGARTEN TO GRADE 12—IJND-E1



We are pleased to provide students of River East Transcona School Division access to computer network and equipment. Unless otherwise indicated, access to the computer network and equipment will be granted to all students.

### 1) SAFEGUARDS

Access to instructional technology services will enable students to engage opportunities to digitally create, collaborate and problem solve as well as explore thousands of libraries, databases and digital resources while communicating with users throughout the world.

It is the shared responsibility of the student, parent and school staff to ensure that access to instructional technology services provided by the school system is appropriate.

***The River East Transcona School Division uses an Internet filtering system to minimize access to inappropriate websites.*** Some material accessible via instructional technology might contain items that are potentially offensive to some people, inaccurate, defamatory or illegal. While we do everything we can to prevent such access, it is not possible to *guarantee* that students will not accidentally or purposely find inappropriate material. We believe that the benefits to students from access to instructional technology, in the form of information resources and opportunities for digital creation, communication and collaboration, exceed any disadvantages. Ultimately, parents/guardians of minors are responsible for setting and conveying the digital citizenship standards that their children should follow when using media and information sources. To that end, River East Transcona School Division supports and respects each family's decision not to approve access to computer information technology.

### 2) DIVISION INSTRUCTIONAL TECHNOLOGY

Students are responsible for their behaviour on school instructional technology tools. Communications on the network can be public in nature. General school rules for behaviour and communications apply as does the divisional Code of Conduct.

Access to instructional technology will enable students to engage in opportunities to digitally create, collaborate and problem solve as well as explore thousands of libraries, databases and other digital resources while communicating with users throughout the world.

Access to instructional technology is given to students to act in a considerate and digitally responsible manner. Access entails responsibility.

Individual users of the instructional technology are responsible for their behaviour and communications using these digital tools. It is presumed that users will comply with divisional standards and will honour the articulated expectations and responsibilities. Network administrators may review files and communications to maintain system integrity and ensure that users are using the system responsibly and in accordance with all applicable policies. Users acknowledge that they have no expectation of privacy in respect of their use of instructional technology information or anything stored on the same.

As outlined in board policy, users will be responsible for their digital learning by:

- a) Recognizing that instructional technology tools are used for educational purposes;
- b) Understanding the positive and negative effects of what is posted and shared in a digital space;
- c) Keeping an educational focus when collaborating and communicating in digital spaces;



# INSTRUCTIONAL TECHNOLOGY USE FORM

## KINDERGARTEN TO GRADE 12—IJND-E1



- d) Using instructional technology to facilitate and foster positive and meaningful communication and collaboration;
- e) Recognizing that instructional technology tools are often shared devices in schools and treating them in a respectful way is beneficial to the experience of all learners;
- f) Understanding copyright laws and only using online digital resources in a way that is allowable under fair dealing guidelines;
- g) Managing and protecting the safety and security of login credentials and respecting the privacy of the login information of others;
- h) Understanding that the use of my personal technology must not interfere with school work or of the overall learning environment;
- i) Understanding and acting in a manner so as to protect the privacy of myself and others in digital learning spaces;
- j) Recognizing that while my personal electronic device can be a valuable learning tool, River East Transcona School Division will not assume responsibility for the loss, damage, or theft of any personal electronic device.

Any violation of this policy (including but not limited to online threats and intimidation) may result in a loss of access, disciplinary measures, legal action or financial reimbursement. Violations of this policy may also constitute a violation of the divisional code of conduct and/or user responsibility and/or laws including the Criminal Code.

A copy of the complete policy (IJND—*Instructional Technology Use*) is available at the school upon request or at [www.retsd.mb.ca](http://www.retsd.mb.ca).

River East Transcona School Division promotes the use of its instructional technology to improve the digital literacy of its users. Every user is expected to adhere to this policy and by accessing instructional technology consents to follow the expectations contained in the policy. All students are expected to adhere to the policy.

# INSTRUCTIONAL TECHNOLOGY USE FORM

## KINDERGARTEN TO GRADE 12—IJND-E1



**If you are electing to “opt out” of the below item, please indicate by checking the appropriate box, signing below and returning the form to the school. No action is necessary if you are not “opting out.”**

***As a parent or legal guardian*** of the minor student named below, I do not give permission for my child to have access to:

Instructional technology provided by RETSD

**Please note:**

Parents who indicate “no” need to discuss this decision with their child

\_\_\_\_\_  
Student name

\_\_\_\_\_  
Parent name

\_\_\_\_\_  
Parent signature or student signature if  
18 years of age or older

\_\_\_\_\_  
Date

\_\_\_\_\_  
School name

\_\_\_\_\_  
Homeroom teacher/advisor

\_\_\_\_\_  
Grade

**THIS FORM WILL BE APPLICABLE UNTIL THE END OF THE CURRENT SCHOOL YEAR OR WHEN PARENTS INDICATE A CHANGE IN PERMISSION.**

# PARENT PERMISSION FORM

## MEDIA COVERAGE, COPYRIGHT PERMISSION

### —KDDB-E1



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, division staff or the media quotes or images may be used by the media or in divisional publications or videos, social media accounts or on websites (division, school staff websites).

#### **Student Identification on Websites**

Please be assured that on River East Transcona School Division publications (division, school, staff websites, and social media accounts), your child in kindergarten to Grade 8, and their work will be identified by first name only.

Your child in Grade 9 to 12 and their work may be identified by their full name, and their full name may be included with their image, on River East Transcona School Division publications (division, school, staff websites and social media accounts).

#### **Student Copyright Permission**

A student's work 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 a student's work to be published by the media or River East Transcona School Division.

**PARENT PERMISSION FORM  
MEDIA COVERAGE, COPYRIGHT PERMISSION  
—KDDB-E1**



***If you are electing to “opt out” of any of the below items, please indicate by checking the appropriate box, signing below and returning the form to the school. No action is necessary if you are not “opting out.”***

***I do not give permission for my child to:***

**Be interviewed for publication by:**

Division, school, staff websites and social media accounts (fundraising, newsletters, websites)

Media (newspaper, radio, TV)

**Be photographed and/or appear on video for publication by:**

Division, school, staff websites and social media accounts (fundraising, newsletters, websites)

Media (newspaper, radio, TV)

**Copyright:**

Have my child’s work published by the media or the division

**Please note:**

Parents who indicate “no” by checking 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.

\_\_\_\_\_  
Student name

\_\_\_\_\_  
Parent name

\_\_\_\_\_  
Parent signature or student signature if  
18 years of age or older

\_\_\_\_\_  
Date

\_\_\_\_\_  
School name

\_\_\_\_\_  
Homeroom teacher/advisor

\_\_\_\_\_  
Date

**THIS FORM WILL BE APPLICABLE UNTIL THE END OF THE CURRENT SCHOOL YEAR.**

# PARENT PERMISSION FORM

## OUT OF SCHOOL ACTIVITIES IN THE LOCAL COMMUNITY

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 school 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 Emerson 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, Take Pride Manitoba, taking a class to a nearby park, and physical activities in the local neighborhood in Phys Ed 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 the activity.

If, for some reason, your child cannot or should not participate in activities of this nature, please let us know. In signing this form, I acknowledge I have read this letter and the information provided within.

## PARENTAL INFORMED CONSENT

THIS FORM WILL BE APPLICABLE UNTIL THE END OF THE CURRENT SCHOOL YEAR OR WHEN PARENTS INDICATE A CHANGE IN PERMISSION.

Student name (please print): \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

# K-4 PHYSICAL EDUCATION/HEALTH EDUCATION

## PARENTAL CONSENT FOR POTENTIALLY SENSITIVE CONTENT

The K-4 Physical Education/Health Curriculum contains potentially sensitive outcomes in the following areas:

- Personal Safety
- Substance Use and Abuse Prevention
- Human Sexuality

The curriculum is developmentally and age appropriate. For example, at K-4, Personal Safety helps children identify safety rules for child protection and how to avoid dangerous situations. Substance Use and Abuse Prevention focuses on identifying helpful and harmful substances and how to take prescription medications safely and properly. Human Sexuality identifies basic changes in growth and development such as changes to teeth, height, and clothing size.

The Manitoba Education, Citizenship and Youth department of the provincial government has mandated all potentially sensitive outcomes. Parents have the option to choose school-based delivery or an alternative delivery for this potentially sensitive content. Alternative delivery of the content becomes the responsibility of the parent (i.e. at home, with professional counseling) where the content conflicts with family, religious or cultural values.

Please complete the form below indicating either school-based or alternate delivery of the potentially sensitive content for your child. Please note that the permission form is a multi-year form, covering Kindergarten to grade 4. Choice of school-based or alternate delivery can be changed at any time, just notify the school in writing to request a change.

If you require more information, Parent Handbooks and curriculum materials are available at the school. Questions pertaining to the curriculum can be directed to your child's teacher or the school administrator.

# K-4 PHYSICAL EDUCATION/HEALTH EDUCATION PARENTAL CONSENT

The Manitoba Education, Citizenship and Youth department of the provincial government has mandated all potentially sensitive outcomes. Please complete either the School Based Delivery section or the Alternate Delivery section below:

## SCHOOL BASED DELIVERY

Date \_\_\_\_\_

My child \_\_\_\_\_ in grade \_\_\_\_\_ has my/  
our permission to participate in the school based delivery of the potentially sensitive issues as outlined by the Manitoba Education, Citizenship and Youth curriculum.

Parent/Guardian signature \_\_\_\_\_

## ALTERNATE DELIVERY

Date \_\_\_\_\_

I assume the responsibility for providing an alternative, home based delivery 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 \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_

## 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

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

**Name: (please print)** \_\_\_\_\_

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

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



# 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: \_\_\_\_\_