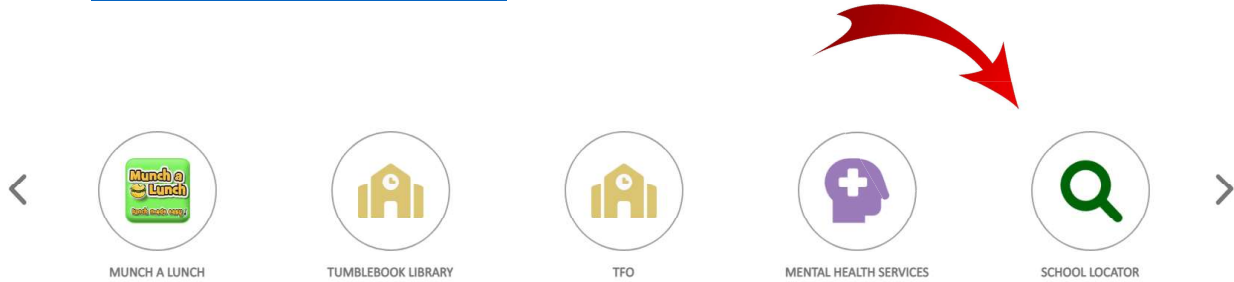


Registration Checklist

1. Is your address in the École Margaret-Underhill catchment? Verify by following the link below and click on “school locator” part way down the page.

<https://www.retsd.mb.ca/emu>



If your address is in our catchment, proceed to step 2. If not, please contact your catchment school.

2. Fill out attached registration forms.
3. Once your forms are filled out, and you have the required documentation to register (see list below), call the school at **204-958-6832** to set up an appointment to complete the registration process

Documents required to register:

Proof of residence- 2 of the following

- Driver's License
- Manitoba Health Card
- Tenancy Agreement (duly signed)
- Offer to Purchase (signed)
- Utility Bill (name & address)

Proof of birthdate - 1 of the following

- Birth Certificate
- Passport
- Manitoba Health Card



École Margaret-Underhill

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Principal: Eric Miron | Vice-principal: Robin Paul-Ballard
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Technology Use and Media Release

RETSD has updated the technology use policy [IJND](#) , and policy form [IJND-E1](#) regarding technology use at school.

We have also updated the media release policy [KDDB](#) and policy form [KDDB-E1](#) .

Both of these policies can be found on the RETSD website.

We would like to give notice that these policies are in place. If you wish to opt out, you have the option to do so by filling out the forms and returning them to the school. The opt out option covers one school year. You will need to fill out the opt out form each year.

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: École Margaret-Underhill 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.
- | | |
|---|------------------------------------|
| <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 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:

- Anishinaabe (Ojibway/Saulteaux)
- Ininiw
- Dene (Sayisi)
- Dakota
- Oji-Cree
- Michif
- Inuktitut
- 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

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

- | | |
|--|---|
| <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 _____ |

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

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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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 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 staff at École Margaret-Underhill 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 takes them out of the school building. These activities may include but are not limited to activities and event such as the Terry Fox Walk, Take Pride Manitoba, taking a class to a nearby park, jogging for Phys. Ed. class, etc.

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 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. In signing this form, I acknowledge receipt of this letter and the information provided therein.

Parental Informed Consent:

Student's Name (please print)

Homeroom

Parent/Guardian Signature



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5-8 PHYSICAL EDUCATION/HEALTH EDUCATION

Parental Options for Potentially Sensitive Content

The Manitoba Education, Citizenship and Youth 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, Citizenship and Youth 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

<hr/> <i>(Child's First and Last Name)</i>	<hr/> <i>(Grade)</i>	<hr/> <i>(Homeroom)</i>
TOPIC	SCHOOL BASED DELIVERY	ALTERNATE DELIVERY
Personal Safety	<input type="radio"/>	<input type="radio"/>
Substance Use & Abuse Prevention	<input type="radio"/>	<input type="radio"/>
Human Sexuality	<input type="radio"/>	<input type="radio"/>
<hr/> Parent/Guardian Signature		<hr/> Date

TRANSPORTATION APPLICATION—REGULAR (FORM A)



This application must be completed by the parent/guardian. It can be returned to the school, or emailed directly to transportation (see below). Please be aware that it may take up to five business days to process your transportation application.

Date: _____ Student requires busing Student does NOT require busing
 New to the division Current student new to busing Address change School change Change in sitter

Student name: (Last) _____ (First) _____

Home address: _____ City/Town: _____

School: _____ Grade: _____ Home phone: _____

Sitter address (if applicable): _____ Sitter phone: _____

Please indicate **BUSED** siblings living in the same home, or siblings with **BUS APPLICATIONS SUBMITTED**, and their school:

Please check any health conditions your child has that *could require intervention during transportation*:
 Life-threatening allergy to: _____ Asthma Diabetes Seizure disorder
 Other (please indicate): _____

Please check appropriate box:
 Student attending French immersion Student attending Advanced Placement
 Student attending English-German Bilingual program Student attending Vocational program
 Student attending English-Ukrainian Bilingual program Student attending EAL
 Student attending regular academic program

Parent/guardian signature Requested start date: _____

Any changes relating to the information contained in this application must be reported to the transportation department immediately. Questions should be directed to the transportation department at 204.669.0202. Email this application to transportation@retsd.mb.ca.

FOR DEPARTMENT USE ONLY

Pickup bus: _____
AM Transfer bus: _____
PM Transfer bus: _____
Take home bus: _____ Completed by and date: _____