January 15, 2025

Dear Parents/Guardians,

We are writing to inform you of the plan to reconfigure catchment boundaries for French Immersion milieu schools east of Lagimodière Blvd. This plan began in 2016, because of a review of current and projected student enrolment in French Immersion at École Centrale, École Margaret-Underhill, and École Regent Park.

The Board of Trustees has shared with parents a short-term goal to establish École Centrale and École Margaret-Underhill as Kindergarten to grade 5 schools and École Regent Park as a Kindergarten to grade 8 school. The long-term plan also includes continued work with the Province of Manitoba to build a new school. The unprecedented growth across River East Transcona School Division schools has resulted in many reconfigurations as we wait for a much needed new school. The board will continue to keep parents informed as planning progresses in that regard.

This letter is for your information and does not directly impact your child(ren) for their upcoming Kindergarten year. The boundaries may impact your child(ren) in upcoming grades. Please refer to the attached map for the boundary lines.

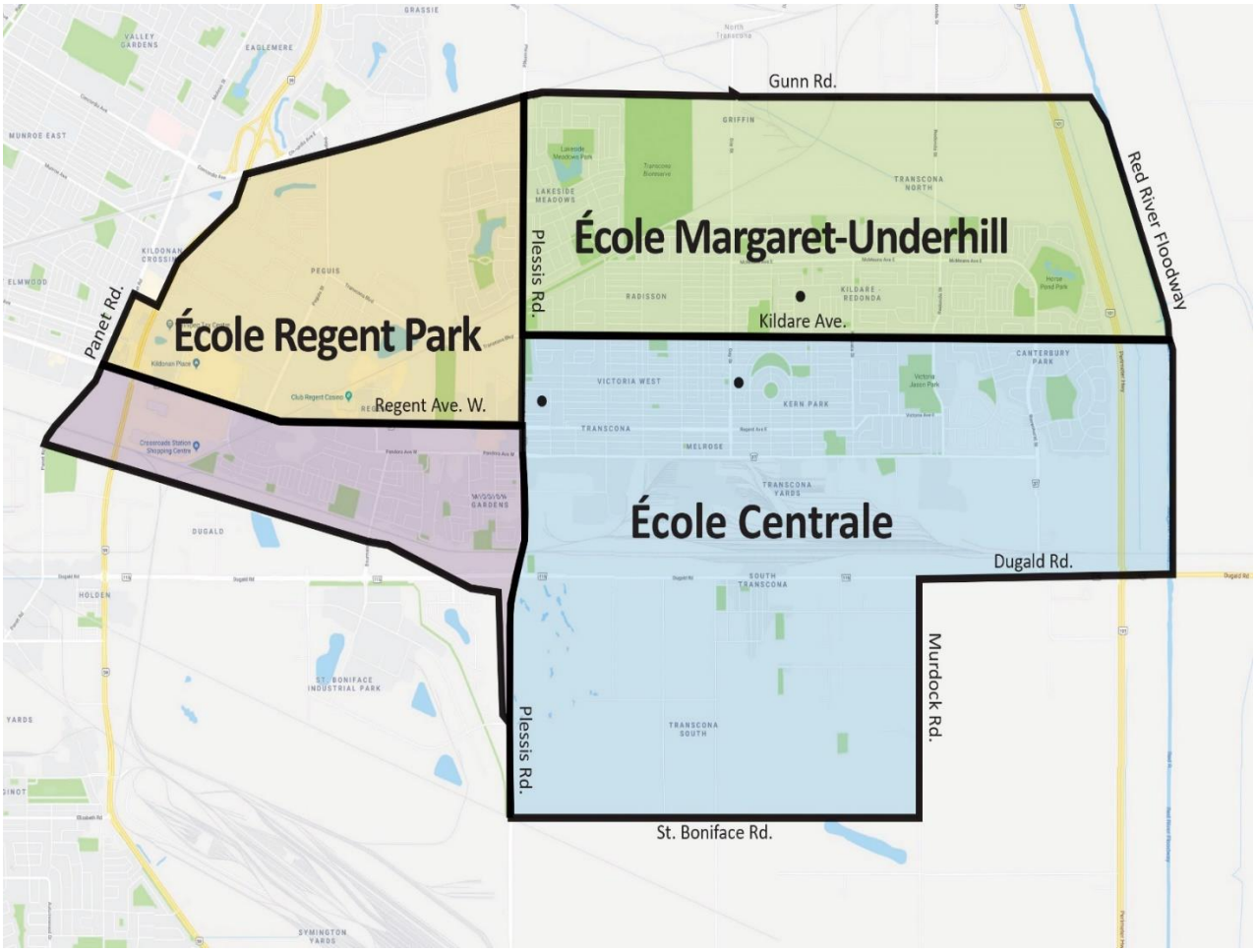
If you have any questions regarding your specific situation, please reach out to the principal of the school your child(ren) will be attending for Kindergarten.

Sincerely,

Colleen Carswell
Chair, Board of Trustees

Sandra Herbst
Superintendent/CEO

/att


École Regent Park
École Margaret-Underhill
École Centrale
Gunn Rd.
Red River Floodway
Plessis Rd.
Panet Rd.
Regent Ave. W.
Kildare Ave.
Dugald Rd.
Murdock Rd.
Plessis Rd.
St. Boniface Rd.
GRASSIE
VALLEY GARDENS
EAGLEMERE
MUNROE EAST
GRIFFIN
LAKESIDE MEADOWS
TRANSCONA NORTH
PEGUIS
RADISSON
KILDARE - REDONDA
ELMWOOD
VICTORIA WEST
KERN PARK
CANTERBURY PARK
TRANSCONA
MELROSE
TRANSCONA YARDS
DUGALD
HOLDEN
SOUTH TRANSCONA
ST. BONIFACE INDUSTRIAL PARK
TRANSCONA SOUTH
SYMINGTON YARDS

École Centrale

Grade 1-5

Student Name: _____

(Please print name)

DOCUMENTS REQUIRED WITH REGISTRATION:

Proof of Residency of legal guardian: (**2 pieces required**)

◊ Driver's License

◊ Manitoba Health Card (Address reviewed___Med#'s___) (DO NOT COPY)

◊ Utility Bill (Name and corresponding address)

◊ Tenancy agreement (Duly signed)

◊ Offer to purchase documents (Completed signatures)

School of Choice form (if applicable):

◊ In Division/ Out of Designated school boundary

◊ Out of Division/ District

Guardianship (if applicable):

◊ Court documents (Interim and/ or Final Order, Variance Orders may also be applicable)

◊ Voluntary Placement Agreement (VPA)

◊ Child in Care form

Proof of Age (For students who are new to the division):

◊ Birth Certificate

◊ Baptismal Certificate

◊ Passport

◊ Treaty Card

◊ Certificate of Birth registration, signed by Director of Vital Statistics

REGISTRATIONS ACCEPTED:

In Division and Out of Designated school Boundary registrations accepted on or after March 3, 2025

Out of Division/ District registrations accepted on or after May 5, 2025

OFFICE USE ONLY

Date Received: _____

◊ In Catchment _____

◊ Out of Catchment_____

School of Choice form: _____

◊ Out of Division: _____

Out of Division form: _____

Admin: _____

Accepted:

Yes: ____

No: ____

Grade: _____

Teacher: _____

Even Day or Odd Day

STUDENT REGISTRATION

River East Transcona SCHOOL DIVISION

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/ 25 20 26

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: _____

STUDENT REGISTRATION

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: _____

STUDENT REGISTRATION

River East Transcona SCHOOL DIVISION

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 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)*:

☐ 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)
☐ Oji-Cree
☐ Ininiw
☐ Michif
☐ Dene (Sayisi)
☐ Inuktitut
☐ Dakota
☐ 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**

STUDENT REGISTRATION

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

☐ 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 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.

École Centrale

604 Day St. | Winnipeg, MB R2C 1B6 | Tel: 204.958.6426 | Fax: 204.222.4873
Principal: Michelle Williams | Vice-Principal: Lauren Telencoe
Email: ec@retsd.mb.ca | Web: www.ec.retsd.mb.ca

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 school community in which your child will participate during 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 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 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 . . . (schools should list activities that are specific to them. These could include activities like Terry Fox Walk, Take Pride Manitoba, taking a class to a nearby park, jogging for 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 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 does 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 because 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):_____

Parent/Legal Guardian Signature: _____ Date :_____

This form will be applicable until the student transfer to another school or parent indicate a change in the permission.

River East Transcona
SCHOOL DIVISION
creating student success

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. 4) Form and /or the (KDDB-E1) Parent Permission Form for Media Coverage, Copyright Permissions and include them with your child's registration.

December 30th 2024

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)	**Preschool**
Diphtheria, tetanus, pertussis and polio vaccine (DTaP-IPV vaccine)	**Preschool**

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 ***or*** you can submit directly online at: https://forms.gov.mb.ca/immunization-update-request/. 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 **204 938-5365**.

Sincerely,

RIVER EAST AND TRANSCONA

845 Regent Avenue W
Winnipeg MB R2C 3A9

Tel: 204.938.5365
Fax: 204.938.5296

TRANSPORTATION APPLICATION—REGULAR (FORM A)

River East Transcona SCHOOL DIVISION

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 English-German Bilingual Program

☐ Student attending English-Ukrainian Bilingual Program

☐ Student attending regular academic program

☐ Student attending vocational program

☐ Student attending EAL

_____ Requested start date: _____

Parent/guardian signature

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.

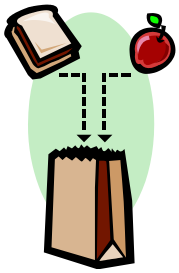
FOR DEPARTMENT USE ONLY

Pickup bus: _____ _____

AM transfer bus: _____ _____

PM transfer bus: _____ _____

Take home bus: _____ _____



École Centrale Lunch Supervision Program

604 Day Street, Winnipeg, MB, R2C 1B6 • Telephone 204.958.6426 , Fax 204.222.4873

March 3, 2025

Re: 2025–2026 Lunch Program Registration

Dear Parent / Guardian:

Registration Package for the lunch program for the 2025/2026 school year, will be distributed in May. We encourage you to read through the Policies and Expectations, which explains our program and contains important information.

Here are a few things to note:

- Any child staying at École Centrale during the lunch break, even once, needs to be registered with the École Central Lunch Supervision Program (ECLSP).
- The ECLSP provides on-site supervision of students at the school during lunch hour. As lunch breaks are a parental responsibility, if your child is not registered in the ECLSP you must make other arrangements for your child(ren) during the lunch break.
- The user fee for the 2025–2026 school year will be conveyed in the registration package sent out in May 2024.

Please note that:

- In line with École Centrale's support of the use of WOW Butter in the school for student lunches, please remember that all sandwiches made with WOW Butter must be in a plastic container / bag with the WOW Butter sticker attached.

Intent for school year 2025–2026 lunch program.

My child _____ will be staying at school for lunch for the 2025–2026 school year. Registration forms will be sent out May 2025.

If you have any questions or concerns, or if you would like more information on becoming involved with the committee, please contact us by leaving a message with the school office (204.958.6426)**.**

École Central Lunch Supervision Program Committee

The École Centrale Lunch Supervision Program (ECLSP) is a non-profit organization dedicated to providing our students with a safe, responsible and respectful environment for parents/guardians who choose to have their children supervised over the lunch break.