



École Centrale

Grade 1–4

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 1, 2024

Out of Division/ District registrations accepted on or after May 1, 2024

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



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: 2024/ 2025

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

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: _____ Mr. Mrs. Ms. Relationship: _____

Address: Same as above Other: _____ Postal code: _____

Employer: _____ Work phone: _____ Ext.: _____

STUDENT REGISTRATION



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: _____

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

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



École Centrale

604 Day St. | Winnipeg, MB R2C 1B6 | Tel: 204.958.6426 | Fax: 204.222.4873

Principal: Michelle Williams | Vice-principal: Eric Miron | 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.

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.



École Centrale

604 Day St. | Winnipeg, MB R2C 1B6 | Tel: 204.958.6426 | Fax: 204.222.4873

Principal: Michelle Williams | Vice-principal: Eric Miron | Email: ec@retsd.mb.ca | Web: www.ec.retsd.mb.ca

K-4 PHYSICAL EDUCATION / HEALTH EDUCATION

Parental Option 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 clothes size. Teachers have specific division-mandated training on this curriculum.

The Manitoba Education 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 potentially sensitive content becomes the responsibility of the parent (i.e., home, professional counseling) where the content conflicts with family, religious or cultural values.

Please complete the form attached indicating either school-based delivery 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 delivery or alternate delivery can be changed at any time. Please notify the school, in writing, to request a change.

If you require more information, River East Transcona School Division Parent Handbooks and curriculum materials are available from school administration. Curriculum materials are also available at Manitoba Education website under [Physical Education/Health Education Kindergarten to Grade 8](#). As well, questions pertaining to this curriculum can be made by asking your child's teacher or the school administration.



École Centrale

K-4 PHYSICAL EDUCATION / HEALTH EDUCATION

Parental Option for Potentially Sensitive Content

PLEASE FILL OUT OPTION 1 OR 2

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

(Date)

My child _____ (Grade)
(Child's first and last name)

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

(Parent / Guardian Signature)

2. Alternate Delivery Form

(Date)

I assume the responsibility for an alternative, home based delivery (home, professional counselling) 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)

TRANSPORTATION APPLICATION—REGULAR (FORM A)



ONLY FILL OUT IF OPTING IN

This application should be completed by the parent/guardian and returned to the school. Please be aware that it may take **three to five business days** to process your transportation application.

Date: _____

New to the division Address change

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/guardian signature

Requested start date: _____

Check appropriate box:

Student attending French immersion

Student attending EAL

Student attending English-German Bilingual Program

Student attending vocational program

Student attending English-Ukrainian Bilingual Program

Student attending kindergarten, odd days

Student attending Advanced Placement

Student attending kindergarten, even days

Student attending regular academic program

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: _____

Transfer to: _____

Transfer bus: _____

Take home bus: _____

Completed by: _____ Busing start date: _____

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. 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

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
Diphtheria, Tetanus, Pertussis, Polio, Haemophilus influenzae type b (DTaP-IPV-Hib)	◆	◆	◆		◆	
Pneumococcal Conjugate 13 valent (Pneu-C-13) ^	◆	◆		◆		
Rotavirus *	◆	◆				
Measles, Mumps, Rubella, Varicella (MMRV)				◆		◆
Meningococcal C Conjugate (Men-C-C)				◆		
Tetanus, Diphtheria, Pertussis, Polio (Tdap-IPV)						◆
Influenza (Flu)	All Manitobans 6 months of age and older are eligible for influenza vaccine each year. Click here for current information on the seasonal					

◆ = A single vaccine dose given.

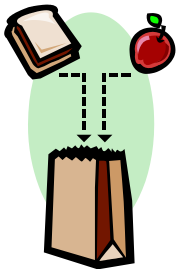
^ = Children with high-risk medical conditions and those living in First Nations communities should be immunized at 2, 4, 6 and 18 months.

Access River East

975 Henderson Hwy Winnipeg, MB R2K 4L7
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Access Transcona

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



École Centrale Lunch Supervision Program

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

March 1, 2024

Re: 2024 - 2025 Lunch Program Registration

Dear Parent / Guardian:

Registration Package for the lunch program for the 2024 / 2025 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 2024 - 2025 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 2024 – 2025 lunch program.

My child _____ will be staying at school for lunch for the 2024 – 2025 school year. Registration forms will be sent out May 2024.

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.