



Transcona Collegiate

1305 Winona St. | Winnipeg, MB R2C 2P9 | Tel: 204.958.6440 | Fax: 204.958.6521
Principal: Anita Maharaj | Vice-principal: Gregg Zubricki | Vice-principal: Shannon Corbett
Acting Vice-principal: Shauna Martin | Email: tc@retsd.mb.ca | Web: www.retsd.mb.ca/tc

2025-2026

GRADE 10 REGISTRATION FORM

PLEASE PRINT:

Student's Legal Name: _____
(last) (first) (middle)

***Below are the compulsory courses for Grade 10. Students must register for the Grade 10 course in each group. Please also select any Grade 9 compulsory courses where credits have not yet been earned.

ENGLISH:

- English 20F

SCIENCE:

- Science 20F

MATHEMATICS:

- Essentials Math 20S
 Introduction to Applied/Pre-Calculus 20S

SOCIAL SCIENCE:

- Geography 20F

PHYSICAL EDUCATION:

- Physical Education and Health 20F

Students must also select up to three OPTION credits for Grade 10. Choose from the list below.

COMPUTER:

- Computer Science 20S
 Digital Pictures 25S/Web Design 35S

ARTS:

- Concert Band 20S
 Concert Choir 20S
 Dance 20S
 Drama 20S
 Drama Production 21G (after school)
 Jazz Band 20S (taken with Concert Band 20S)
 Vocal Jazz 20S (taken with Concert Choir 20S)
 Visual Art 20S

INDUSTRIAL ARTS:

- Electronics Technology 20G
 Graphic Communication Technology 20G
 Metalwork Technology 20G
 Woodwork Technology 20G

HOME ECONOMICS:

- Family Studies 20S
 Food and Nutrition 20S

FRENCH:

- French Communication 20F

ENGLISH:

- Reading is Thinking 20S

GRADE 9 COMPULSORY COURSES

*If you are missing a Gr. 9 Compulsory Course

- English 10F
 Science 10F
 Math 10F
 Physical Education & Health 10F
 Canada in the Contemporary World 10F



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Final steps:

- Please select up to two **alternate** option courses by marking an **A** beside the boxes on the previous page. These alternate courses will be considered in the event that a course does not have enough requests to run a section or does not fit into a student's timetable due to scheduling conflicts.
- In Grade 10, students may sign up for a maximum of 8 courses.
- Ensure you have checked off any remaining Grade 9 compulsory courses that are required for graduation.

Signatures:

Student: _____

Parent/Guardian: _____

Date of Application: _____

TA: _____



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2025-26 School Year

STUDENT/PARENT/GUARDIAN ACKNOWLEDGEMENT & UNDERSTANDING FORM

STUDENT: _____
(last name) (first name)

LOCKER USAGE AND AGREEMENT

Transcona Collegiate agrees to permit the student named above to use a locker and lock at Transcona Collegiate upon payment of Student Fees.

It is understood and agreed by the undersigned that the Superintendent of Schools and/or designate has the right to inspect the locker at any time in the presence of the student, whenever possible, or without notice to the occupant in the event of an emergency. In addition, we acknowledge that the student named above will be **assessed for damages/graffiti/etc.** done to their locker, and for the **replacement cost for locks** lost, damaged, or not returned.

ATTENDANCE POLICY ACKNOWLEDGEMENT AGREEMENT

Regular class attendance plays a very important role in students' academic success. We understand that if this student is going to be absent from school, we are to inform the school by 8:35 a.m. (or 1:05 p.m.) on the day of the absence. All absences not cleared by phone may be recorded as truancy. Excessive absenteeism may impact students' ability to demonstrate understanding of course outcomes which need to be met in order to receive course credits. If absenteeism becomes chronic and/or begins to impact a student's progress in their courses, teachers and/or school administration will contact home in order to discuss necessary next steps.

Student's Signature

Parent/Guardian's Signature (if
student is under 18 years of age)

TECHNOLOGY USE AND MEDIA COVERAGE INFORMATION

RETSd has two policies regarding instructional technology use (policy IJND) and media coverage, copyright permission (policy KDDb). Both of these divisional policies can be found at www.retsd.mb.ca for further reading. Beginning in the 2022/23 school year, parents/guardians are assumed to be in agreement of both of these policies; forms to "opt out" of either the use of instructional technology or media coverage and copyright permission can be found on our divisional website, signed, and returned to the school if this is not the case.



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PARENTAL INFORMED CONSENT FOR OUT-OF-SCHOOL ACTIVITIES IN THE LOCAL COMMUNITY For Participation in the Transcona Collegiate Physical Education Courses 2025-2026

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 may participate in 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 the staff of Transcona Collegiate recognize that valuable and unique learning can take place outside of the school building. We are therefore encouraged to make use of the resources of the local community to meet curriculum goals.

During the course of the school year, student groups in various courses may 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:

- Basketball and Tennis at Park City Community Club
- Orienteering in the Transcona area, walking/running on the areas/sidewalks close to Transcona Collegiate

I / We, the undersigned, hereby acknowledge that certain risks of injury are inherent in the participation in sports, recreational activities and other off-school site programs. These types of injuries may be minor or serious.

I / We understand that, in case of emergency medical or hospital services being required by the above-listed participant, and with the understanding that every reasonable effort will be made by the school/hospital to contact me, my signature on this form authorizes the board, through its employees, agents, and officers, [to] secure such medical advice and services as they deem necessary for my child's health and safety, and that I shall be financially responsible for such advice and services.

I / We understand that the choice to participate brings with the individual the ASSUMPTION OF RISK which is part of those activities.

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.

In order for your child to participate any of these events, this signed consent form must be received at the school before the event.

Student's Name (please print): _____

Parent/Guardian Signature: _____

Date: _____