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: **2026 - 2027**

School name: _____ Applying for Grade: **6**

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

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
☐ Laptop
☐ Mobile phone (student-owned)
☐ Mobile phone (parent-owned)
☐ Desktop
☐ Tablet
☐ No device

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: _____

STUDENT REGISTRATION

River East Transcona SCHOOL DIVISION

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

River East Transcona SCHOOL DIVISION

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.

INDIGENOUS IDENTITY DECLARATION

IMPORTANT: This form should not be completed in your web browser. To use all features of the form:
1. Right-click the link and select **"Save link as"** to download it to your computer.
2. Open the file using **Adobe Acrobat Reader**. You can download Adobe Acrobat Reader for free at get.adobe.com/reader/

INDIGENOUS IDENTITY DECLARATION HELPS TO SUPPORT THE EFFORTS OF MANITOBA EDUCATION AND EARLY CHILDHOOD LEARNING AND SCHOOL DIVISIONS TO PLAN AND ENSURE QUALITY PROGRAMS THAT ARE RESPONSIVE TO THE NEEDS OF INDIGENOUS LEARNERS.

Providing this personal information is voluntary and optional.
Please complete and return this form to your child's school office.

It is being collected in compliance with section 36(1)(b) of The Freedom of Information and Protection of Privacy Act as it is necessary for and relates directly to the activity of Manitoba and school divisions to plan, deliver and improve programs. School boards are responsible for all matters respecting the collection, storage, retrieval and use of information respecting pupils. Access to pupil files and the protection of pupil file information is governed by The Public Schools Act, The Freedom of Information and Protection of Privacy Act and The Personal Health Information Act.

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1. I _____, (name of parent/caregiver, please print):

◯ am submitting my child's Indigenous Identity Declaration for the first time

◯ am re-submitting my child's updated Indigenous Identity Declaration

2. Is your child an Indigenous person, that is, First Nations, Red River Métis, or Inuk (Inuit)?

◯ Yes ◯ No ◯ I prefer not to answer

If "No" *or you prefer not to answer, please do not complete the form.*

If "Yes," *mark the square(s) that best describe(s) your child now.*

Multiple squares can be marked based on your child's cultural-linguistic ancestry:

☐ **First Nations** *(For school office use: Code 090)*

Note: First Nations includes Status and Non-Status

Which best describes your child's cultural-linguistic identity?

- ☐ Nation: ininiwak/nehethowak (Cree) *(For school office use: Code 110)*
- ☐ Nation: Anishinaabe (Ojibwe/Saulteaux) *(For school office use: Code 100)*
- ☐ Nation: Denesuliné (Dene) *(For school office use: Code 120)*
- ☐ Nation: Dakota *(For school office use: Code 130)*
- ☐ Nation: Anisininewak (Ojibway-Cree) *(For school office use: Code 140)*

☐ **Red River Métis** *(For school office use: Code 201)*

☐ **Inuk** (Inuit) *(For school office use: Code 300)*

☐ **Other—please specify:** _____

☐ **I don't know**

Student Name (Please Print)	Date Form Completed
Student's Grade/ Class	School Name
Parent/Guardian Signature or Student Signature if 18+	School Division Name

FOR OFFICE USE ONLY

Date received by school

Check us out anytime
www.edu.gov.mb.ca/iee/identity.html

Manitoba

Valley Gardens Middle School

220 Antrim Road | Winnipeg, MB R2K 3L2 | Tel: 204.668.6249 | Fax: 204.668.9367
Principal: Brenna Frith | Vice-principal: Phillip Barto | Email: vg@retsd.mb.ca | Web: www.retsd.mb.ca/vg

Grade 6 Expressive Arts Option

Student Name: _____

REQUIRED COURSES:

- Language Arts
- Mathematics
- Science
- Social Studies
- French
- Phys. Ed (Health)
- Applied Arts (Human Ecology, Graphic Arts, Woods)
- Expressive Arts (see below)

EXPRESSIVE ARTS OPTION:

Grade 6 students are offered a choice between Band, Guitar, Art, or Drama (3-year commitment). Please number the options below in order of preference. The school will make the final decision.

_____ **Band** *(full year)*

Band students can expect to learn how to read and write music, proper technique for their instrument, how to create a basic tone and how to play in a large ensemble. We will explore famous composers, different genres from classical to jazz, listen to great works of musical art, play a variety of wind band repertoire as well as participate in various wind band festivals. This may also include digital music making. If you're looking to nurture your inner musician, this is the class for you!

_____ **Guitar** *(full year)*

In Guitar you can expect to learn how to read and write music, proper instrument technique, how to be a part of a guitar ensemble, some of your favourite rock licks and an introduction to chording & strumming. This may also include digital music making. We will explore famous musicians, bands and artists, well known songs, and introduce you to some new music you might not even know about!

_____ **Visual Arts** *(full year)*

Visual Arts will expose students to a variety of mediums like clay, acrylic/tempra/watercolour paints, pen and pencil and many others in a fun and dynamic environment. It will also focus on improving students' ability to communicate visually which is a very important skill to have in this ever increasingly visual world in which we live. By the end of grade 8, students will have had a wide variety of Visual Art experiences and will be able to make an informed decision about moving on to the many choices for the Visual Arts in high school.

_____ **Drama** *(full year)*

Drama engages students in creative exploration through voice, movement, and role-play. Students collaborate to create, rehearse, and perform drama while developing communication skills, confidence, and self-expression. Through reflection and discussion, learners explore ideas, emotions, and perspectives and build creativity, critical thinking, and an appreciation for the dramatic arts.

Parent/Guardian Name	Parent/Guardian Signature	Date

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FAQ – Band Student: 3 year-commitment

HOW ARE THE EXPRESSIVE ARTS OPTIONS DECIDED?

Valley Gardens tries to give students their first choice of expressive arts options but sometimes must give students their second choices. There are several factors including class availability and class configurations that must be considered in this process. For this reason, not everyone will be able to receive their first choice.

HOW MUCH DOES AN INSTRUMENT RENTAL COST?

Most band instruments can be rented for approximately $150-$400/year. However, the larger band instruments like the tuba and euphonium are more expensive to rent from music stores, so the school rents these instruments to students for $150/year.

WHICH INSTRUMENTS CAN I PLAY IN BAND?

There are several different instruments in band: tuba, euphonium, trombone, trumpet, clarinet, flute, bass clarinet, alto saxophone, baritone saxophone, French horn, oboe, and percussion.

WHERE DO I GET AN INSTRUMENT?

The school has a limited supply that you may be able to rent. Band instruments are not provided by the school (flute, clarinet, trumpet, trombone) can be rented at Long and McQuade, or St. John's Music.

CAN I PLAY DRUMS IN BAND?

Yes. In band class, the drums are one aspect of being a percussionist. It is very important for percussionists to learn to play mallet percussion (xylophone, bells, etc.) as well as the snare drum, bass drum, and drum kit.

DO I NEED TO BRING MY INSTRUMENT TO AND FROM SCHOOL?

No. You may take it home as often as you want. Time is provided at school for most practice.

AM I ALLOWED TO SWITCH BAND INSTRUMENTS?

In very rare circumstances, it is an option but not recommended. Sometimes a student may be offered an instrument switch.

CAN I JOIN BAND IN GRADE 7 IF I DON'T TAKE IT IN GRADE 6?

It is very unlikely that a student will be able to join Band in Grade 7 if they did not take the class in Grade 6.

HOW OFTEN DO I HAVE BAND CLASS?

All music classes are scheduled three times per cycle, for the whole year.

HOW MUCH AM I EXPECTED TO PRACTICE MY INSTRUMENT?

Practice as much as you wish. The more you try, the better the results, and the more fun you'll have.

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FAQ – Guitar Student: 3 year-commitment

HOW ARE THE EXPRESSIVE ARTS OPTIONS DECIDED?

Valley Gardens tries to give students their first choice of expressive arts options but sometimes must give students their second choices. There are several factors including class availability and class configurations that must be considered in this process. For this reason, not everyone will be able to receive their first choice.

DO GUITAR STUDENTS NEED AN INSTRUMENT AT HOME?

No. Practice time is provided and mandatory at school.

HOW MUCH DOES A GUITAR RENTAL COST?

If you would like to rent, guitars may be rented for approximately $50/year, although a suitable beginner guitar (Yamaha C-40) can be purchased for approximately $150 at either Long and McQuade or St. John's Music.

DO I NEED TO BRING MY INSTRUMENT TO AND FROM SCHOOL?

No. Students have a guitar to use at school.

CAN I JOIN GUITAR CLASS IN GRADE 7 IF I DON'T TAKE IT IN GRADE 6?

It is very unlikely that a student will be able to join guitar class in Grade 7 if they did not take the class in Grade 6.

HOW OFTEN DO I HAVE GUITAR CLASS?

All music classes are scheduled three times per cycle, for the whole year.

HOW MUCH AM I EXPECTED TO PRACTICE MY INSTRUMENT?

Practice as much as you wish. The more you try, the better the results, and the more fun you'll have.

Valley Gardens Middle School

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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 school community in which your child will participate during the course of the 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 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 physical education classes, community resource days, multi-activity days, etc. As examples, these could include activities like a Terry Fox or Partnership Walk, jogging in phys. ed. class, taking a class to a nearby park, arena, school, store or other community facility.

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 schooling.

If, for some reason, your child cannot or ought to 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 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.

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/Guardian Signature *Date*

Effective Date:	December 16, 2003
Amended Date:	June 21, 2005; April 17, 2018
Board Motion(s):	683/03; 349/05; 94/18
Legal/Cross Reference:	IJOA- Out of School Education

River East Transcona SCHOOL DIVISION
creating student success

February 2026

To Parents and Guardians of current Grade 5 or 8 students moving to Middle or High School,

The transportation department provides busing up to and including Grade 6 if you live within city limits, are at least 1.6KM from your school of attendance, and are attending your catchment school.

We also provide transportation to all students up to and including Grade 12 if they live outside of city limits (North side of Glenway Ave and further North) and are more than 1.6KM from their school and attending their catchment school.

Please be advised that we base distance eligibility on our routing software and not Google maps. If you think your child will qualify for busing next year, please fill out a Form A transportation application, **even if your child currently takes the bus, as the busing will not rollover to your child's new school.**

The application is found on our website retsd.mb.ca > PARENTS&STUDENTS > TRANSPORTATION and can be emailed directly to the transportation office or sent to the school. Please also review the busing policies as it contains all the guidelines and qualifications for busing.

River East Transcona School Division
Transportation Department

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:

_____

_____

_____

☐ **My child has a medical condition**

Medical information provided at the time of registration will be shared with the transportation department to support your child on the school bus. If anything has changed for your child since that time, please ensure that the school has the most up to date information.

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: _____ _____