

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: _____ 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) _____

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

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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: _____

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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*):

- 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:

- | | |
|--|---|
| <input type="checkbox"/> Anishinaabe (Ojibway/Saulteaux) | <input type="checkbox"/> Oji-Cree |
| <input type="checkbox"/> Ininiw | <input type="checkbox"/> Michif |
| <input type="checkbox"/> Dene (Sayisi) | <input type="checkbox"/> Inuktitut |
| <input type="checkbox"/> Dakota | <input type="checkbox"/> Other: Please specify: _____ |

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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.**

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.

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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 _____ |

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.



Transcona Collegiate

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

GRADE 9 REGISTRATION FORM

PLEASE PRINT:

Student's Legal Name: _____

(last)

(first)

(middle)

Compulsory courses: Grade 9 students at Transcona Collegiate must complete the following five compulsory courses.

- English 10F (1 credit)
- Mathematics 10F (1 credit)
- Science 10F (1 credit)
- Canada in the Contemporary World 10F (1 credit)
- Physical Education 10F (1 credit)

Option courses: All Grade 9 students must choose **five (5) option courses** from the following list. Please number the five courses according to priority: number 1 being your first choice and number 5 being your alternate or last choice. Please note you may not get your top choices.

_____ Visual Art 10S

_____ Family Studies 10S

_____ Drama 10S

_____ Electronic Technology 10G

_____ Concert Band 10S

_____ Graphic Technology 10G

_____ Concert Choir 10S

_____ Metalwork Technology 10G

_____ Jazz Band 10S*

_____ Woodwork Technology 10G

_____ Dance 10S

_____ Reading is Thinking 10S

_____ French 10F

_____ Drama Production 11G

_____ Human Ecology 10S

_____ Applying Info &
Communication I and II 15F

***You may choose Jazz Band as an extra credit over and above the regular number of credits because it is offered outside of regular school hours.**

Signatures:

Student: _____

Parent/Guardian: _____

Date of Application: _____



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GRADE 9 and GRADE 10 PHYSICAL EDUCATION / HEALTH EDUCATION

Parental Option for Potentially Sensitive Content

The Grade 9 and Grade 10 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 Grades 9 and 10, Personal Safety helps students understand the different types of abuse and identify skills and resources for addressing problems associated with abusive behaviours. Substance Use and Abuse Prevention includes evaluating the legal aspects of substance use and understanding potential consequences on personal health and well-being. In Human Sexuality, students will learn about the potential consequences and risks associated with sexual behaviour and different types of contraceptive methods, including abstinence. Skill building, identifying sources of support, and responsible decision-making are important parts of the curriculum.

The Manitoba Education, Citizenship and Youth Department 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 (on the reverse side of this page). Please note that the permission form is a multi-year form, covering Grades 9 and 10. 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, Parent Handbooks and curriculum materials are available at the school.

Sincerely,

Ms. C. Anderson
Principal



Transcona Collegiate

Grade 9 and Grade 10 Physical Education/Health Education

Parental Option for Potentially Sensitive Content

The Manitoba Education 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 that you are granting permission for your child to participate in the school-based delivery of the potentially sensitive issues as outlined by the Physical Education and Health curriculum.

Alternate Delivery indicates that you are assuming the responsibility for an alternative, home-based delivery (home, professional counselling) of the potentially sensitive content for your child where the content conflicts with family, religious or cultural values.

Delivery of Potentially Sensitive Content

<u>Date</u>	<u>Student's First and Last Name</u>	
Topic:	School Delivery	Alternate Delivery
Personal Safety	<input type="checkbox"/>	<input type="checkbox"/>
Substance Use and Abuse Prevention	<input type="checkbox"/>	<input type="checkbox"/>
Human Sexuality	<input type="checkbox"/>	<input type="checkbox"/>

Parent/Guardian Signature: _____



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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 2024-2025

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 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 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 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.

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: _____



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2024-25 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 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 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

RETSO has two policies regarding instructional technology use (policy IJND) and media coverage, copyright permission (policy KDDDB). Both divisional policies can be found at www.retsd.mb.ca for further reading. 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.