



Collège Pierre-Elliott-Trudeau

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Directrice: Mme. D. Zozman | Directrice adjointe: Mme. S. Cockriell
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REGISTRATION PROCESS FOR 2022-2023

Dear Parents/Guardians,

We would like to welcome our in-coming grade 9 students and families to Collège Pierre-Elliott-Trudeau. This year to facilitate with course selection, Course Handbooks of each Senior Years School outlining general information, specific program and course descriptions are posted on our school website as of Monday, January 31st, 2022 [College Pierre-Elliott-Trudeau - Collège Pierre-Elliott-Trudeau \(retsd.mb.ca\)](https://www.retsd.mb.ca/yourretsd/Policies/Documents/IJND-E1.pdf). A Virtual Open House Presentation for CPET will also be posted on our website, highlighting the variety of courses offered.

The registration process consists of 1) course selection with parents 2) remitting all required signed forms.

Please be advised that parent permission for policies relating to the use of technology and media permissions are now on an 'opt out' basis. That is to say, parents must notify the school if they do not wish to give permission for their child to use instructional technology provided by the division and/or have media permission for photos, video, or interviews.

<https://www.retsd.mb.ca/yourretsd/Policies/Documents/IJND-E1.pdf>

Please submit the registration package to your child's current school **no later than Friday, March 4, 2022.**

Please do not hesitate to call the school if further clarification is needed.

Yours truly,

Diana Zozman & Sharla Cockriell
Principal Vice Principal

REGISTRATION—COLLÈGE PIERRE-ELLIOTT-TRUDEAU



216 Redonda St., Winnipeg, Man., R2C 1L6, Tel: 204.958.6888, Fax: 204.222.4883, www.cpet.retsd.mb.ca

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____

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

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

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: _____

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)?

(Note: First Nations (North American Indian) include Status and Non-Status Indians)

If "Yes," check the box(es) that best describe(s) your child now:

- ☐ 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. Other intervention ☐ Yes ☐ No _____
17. Oxygen ☐ Yes ☐ No
18. Seizure disorder ☐ Yes ☐ No
19. Steroid dependence ☐ Yes ☐ No
20. Suctioning (A)—tracheal suctioning ☐ Yes ☐ No
21. Suctioning (B)—oral/nasal suctioning ☐ Yes ☐ No
22. Tracheostomy ☐ Yes ☐ No
23. Ventilator ☐ Yes ☐ No

This medical information is being collected so that appropriate health-care plans may be developed and may be necessary to obtain funding. 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

OFFICE: If any items have been checked off, forward to the school principal

- | | |
|--|---|
| <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.



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9-10 PHYSICAL EDUCATION / HEALTH EDUCATION

Parental Option for Potentially Sensitive Content

The Grade 9-10 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 9-10, Personal Safety helps students identify safety guidelines to protect themselves in potentially sexually abusive situations, and to better understand abusive relationships. Substance Use and Abuse Prevention includes distinguishing between medicinal and non-medicinal substances, as well as their effects on the body. In Human Sexuality, students will learn about the structure and function of the reproductive system, changes in puberty, recognizing the importance of abstinence and responsible decision-making.

The Manitoba Education, Citizenship and Youth 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 is in conflict 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 Grade 9 to Grade 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. The school will also host information meetings on the Physical Education/Health Education Curriculum.



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9-10 PHYSICAL EDUCATION / HEALTH EDUCATION

Parental Option for Potentially Sensitive Content

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

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

Delivery of Potentially Sensitive Content

(Child's first and last name)

(Grade)

Topic	School Based Delivery	Alternate Delivery
Personal Safety (grade 9)	<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)

COLLÈGE PIERRE-ELLIOTT-TRUDEAU

Grade 9 Registration 2022-2023 : Course selection

Student's name: (please print) _____

Date: _____

Grade 9 Compulsory Courses:

Each student will be registered for the following compulsory courses:

FR10FI	Français 10F
FR11G1FI	Français 11G
E10FFI	English 10F
M10FFI	Mathematics 10F
S10FFI	Science 10F
SSMC10FFI	Social Studies 10F
PEH10FFI	Phys.Ed/Health 10F

Grade 9 Option Courses:

Students should circle their selections in order of preference 1-4. (minimum of 2 selections)

1 2 3 4	VART10SFI Visual Arts 1A 10S
1 2 3 4	LWE10SFI Career - Exploration 10S
1 2 3 4	IC115FFI/IC215FFI Info/comm technology 1 &2 15F
1 2 3 4	MUCC10S Choir 10S
1 2 3 4	MUCB10S Band 10S
1 2 3 4	MUJ10S Jazz Band 10S *

*(must have band selected as well)

Declaration: I / We concur with the course choices as indicated.

Student signature: _____

Parent/Guardian's signature: _____

Parent/Guardian's email address: _____

Parent/Guardian's phone number: _____