



# Kildonan-East Collegiate

845 Concordia Ave. Winnipeg, MB. R2K 2M6 Tel: 204-667-2960 Fax: 204-667-1203  
Principal: M. Millman | Vice-Principal: J. Yvon-Moreau | Vice-Principal: K. Mann-Simpson | Acting Vice-Principal: S. Brereton  
Email: [kec@retsd.mb.ca](mailto:kec@retsd.mb.ca) Web: [www.kec.retsd.mb.ca](http://www.kec.retsd.mb.ca)

SCHOOL YEAR: 2026/2027

**STUDENT NAME:** \_\_\_\_\_

(Please print last name/first name)

**GRADE:** 10

Please take note of the following River East Transcona School Division policies:

- RETSD Technology Use form IJND-E1 [2011-03-15 \(retsd.mb.ca\)](http://2011-03-15.retsd.mb.ca)
- Media Release Policy form KDDB-E1 [2011-03-15 \(retsd.mb.ca\)](http://2011-03-15.retsd.mb.ca)

Parents/Guardians can call the school to obtain copies of these policies. Parents/Guardians will need to fill out the appropriate forms and submit them to the school office if you choose your child to **opt out** regarding these policies.

*Please provide a copy of the most recent report card or transcript if available.*

## **DOCUMENTS REQUIRED WITH REGISTRATION:**

### **Proof of Residency of Legal Guardian (2 pieces):**

- Manitoba Driver's Licence
- Manitoba Health Card (verified)
- Utility Bill (Name and corresponding address)
- Tenancy Agreement (duly signed)
- Offer to purchase documents (completed - signatures)

### **Guardianship (if applicable):**

- Court documents (Interim and/or Final Order, Variance Orders may also be applicable)
- Voluntary Placement Agreement (VPA)
- Child in Care form (*also serves as proof of residency*)

### **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

Date Received: \_\_\_\_\_

Initial: \_\_\_\_\_

The Kildonan-East Collegiate student course handbook can be found on-line. Visit our website at [www.schools.retsd.mb.ca/kec](http://www.schools.retsd.mb.ca/kec) and click on the Registration tab under Documents and Forms.

## **OFFICE USE ONLY**

RE  Tech Ed. (Hairstyling only)  EAL  In Catchment  Out of Catchment  Out of Division

Accepted: YES

Accepted: NO

Entered



# 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, MB, R2K 2P7, Phone: 204.667.7130.

## STUDENT INFORMATION

### PLEASE PRINT

School year: 20/\_\_\_\_ 20\_\_\_\_

School name: Kildonan-East Collegiate

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 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.
- |   |                                    |
|---|------------------------------------|
| <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 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: \_\_\_\_\_

## 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
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



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**

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



**KILDONAN-EAST COLLEGIATE  
GRADE 10 COURSE REQUEST FORM  
2026-2027**

STUDENT NAME: \_\_\_\_\_  
(Last Name, First Name)

**Compulsory Courses:** All Grade 10 students at Kildonan-East Collegiate will be enrolled in:

- |   |          |
|---|----------|
| · English 20F                               | 1 credit |
| · Geographic Issues of the 21st Century 20F | 1 credit |
| · Mathematics 20F                           | 1 credit |
| · Physical Education/Health Education 20F   | 1 credit |
| · Science 20F                               | 1 credit |

**Check off the requested math course:**

- M20SE** Essential Mathematics 20S  
 **M20SI** Introduction to Applied and Pre-Calculus Mathematics 20S

**sTeam Program:**

**What is sTeam?** Science (s) and technology (T) interpreted through engineering (e) and the arts (a), all based in mathematical (m) elements, providing a lens to look at the world around us in meaningful, connected ways.

**Why sTeam?** sTeam provides students an opportunity, through project-based inquiry, to fulfil the Grade 10 credit requirements of ELA, Science, and Visual Arts. Students are driving factor in their learning, choosing the topics and issues that connect with them.

- sTeam Program** - 3 credits - ELA, Science & Visual Arts. Student must fill out a sTeam Expression of Interest Form, see your school counsellor for application.

**Option Course Requests:**

- Students must indicate 5 option course requests. Please number your requests 1-5, with #1 being your first preference.
- Efforts will be made to ensure that students receive their #1-3 requests. Please note that this is not always possible due to scheduling conflicts.
- Students applying for Intensive Vocational Hairstyling must see their school counsellor for an application.
- Choose classes you do not already have credits in.

**AUTO TECHNOLOGY & COLLISION REPAIR**

**AND REFINISHING TECHNOLOGY (select both)**

- AT15SIAT** Intro to Automotive Technology 15S (0.5 credit)  
 **CR15SE** Exploration of Collision Repair and Refinishing Technology 15S (0.5 credit)

**BAKING & PASTRY ARTS**

- BP10SE** Exploring Baking and Pastry Arts 10S

**CARPENTRY**

- CP10SIC** Introduction to Carpentry 10S

**COMPUTER**

- CS20S** Computer Science 20S

**CULINARY ARTS**

- CA10SECA** Exploration of the Culinary Arts 10S

**DANCE**

- DAN1A20S** Dance 1A, Dance 20S

**DRAMA**

- DR20S** Drama 1A, Drama 20S  
 **DRTP20S** Drama 4A, Theatre Practicum 20S

**ELECTRICAL TRADES TECH & REFRIGERATION**

**AND AIR CONDITIONING (select both)**

- E15SE** Exploration of Electrical Trades Tech 15S (0.5 credit)  
 **RA15SERA** Exploration of Refrigeration and Air Conditioning 15S (0.5 credit)

**FRENCH**

- F20F** French: Communication & Culture 20F

**GRAPHIC DESIGN & PHOTOGRAPHY (select both)**

- GD15SEGD** Exploration of Graphic Design 15S (0.5 credit)  
 **PH15SEP** Exploration of Photography 15S (0.5 credit)

**INTERACTIVE DIGITAL MEDIA**

- DM10SE** Exploration of Interactive Digital Media 10S

**LIFE/WORK PLANNING**

- LWP20S** Life/Work Planning 20S

**MUSIC**

- MUCB20S** Music 1A, Concert Band 20S  
 **MUCC20S** Music: Choir 20S  
 **MUG20S** Music 3A, Guitar 20S  
 **MUJB20S** Music 4A, Jazz Band 20S\*  
 **MUMP20S** Music 7A, Music Production 20S

\* Must be enrolled in Concert Band

**SOCIAL SCIENCES**

- HEC20SFS** Family Studies 20S

**VISUAL ARTS**

- VART20S** Visual Arts 20S

**Intensive Vocational Programming:**

- Students applying for Intensive Vocational Hairstyling must also select options above and number them 1-5.
- Students applying for Intensive Vocational Hairstyling must see their school counsellor for an application.

**INTENSIVE**

- Hairstyling

*Course offerings are subject to change.*

Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# KILDONAN-EAST COLLEGIATE

845 Concordia Avenue • Winnipeg, MB R2K 2M6 • Telephone (204) 667-2960 • Fax (204) 667-1203 • www.kec.retsd.mb.ca

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 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 Kildonan-East Collegiate 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 fitness walking and winter activities in Physical Education Classes.*

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 not participate in activities of this nature, please let us know.

In signing this form I acknowledge receipt of this letter and the information provided therein.

## **Parental Informed Consent:**

Student's Name (please print): \_\_\_\_\_

Teacher Advisor: \_\_\_\_\_

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

*Principal:*

M. Millman

*Vice-Principals:*

K. Mann-Simpson

S. Brereton

J. Yvon-Moreau

