



# Harold Hatcher Elementary School

500 Redonda St. | Winnipeg, MB R2C 3T7 | Tel: 204.958.6880 | Fax: 204.224.4702  
 Principal: Mr. V. Eby | Vice-principal: Ms. A. Ilchena-Carlson  
 Email: hh@retsd.mb.ca | Web: www.hh.retsd.mb.ca

## Grade K-5 Registration Cover Sheet

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Is transportation required for your child? Yes \_\_\_\_\_ No \_\_\_\_\_

(must be 1.6 Km from school to qualify for free bussing)

Does your child have Asthma or require an Epi-Pen? Yes \_\_\_\_\_ No \_\_\_\_\_

Are there any legal restrictions to this student? Yes \_\_\_\_\_ No \_\_\_\_\_

(if yes, a copy of the legal documents must be on file at the school)

Is your child registered in the East Transcona Before and After program (ETBA)

located in Harold Hatcher School? Yes \_\_\_\_\_ No \_\_\_\_\_

Will your child be staying for lunch? (Paid Program) Yes \_\_\_\_\_ No \_\_\_\_\_

### OFFICE USE ONLY:

| PERMISSIONS AND RESTRICTIONS      | YES | NO | TYPE OF DOCUMENT |
|-----------------------------------|-----|----|------------------|
| Proof of address – 2 pieces of ID |     |    |                  |
| Proof of birth (K & out of Div.)  |     |    |                  |
| Legal Restrictions to this child  |     |    |                  |
| Restriction copy on file          |     |    |                  |

| FORMS                | YES | NO |          | YES | NO |                      | YES | NO |
|----------------------|-----|----|----------|-----|----|----------------------|-----|----|
| URIS given           |     |    | returned |     |    | Original to resource |     |    |
| Transportation given |     |    | returned |     |    | Faxed to Trans.      |     |    |
| Lunch given          |     |    | returned |     |    | Payment received     |     |    |

| REGISTRATION ENTRY DATA | COMPLETED |                                  | COMPLETED |
|-------------------------|-----------|----------------------------------|-----------|
| Send copy to resource   |           | Attach to Counselors             |           |
| Schedule student        |           | Email Parent Portal Letter       |           |
| Enter student fees      |           | Email Parent re. class placement |           |
| HH ADMIN Team           |           | Email teacher re. new student    |           |
| HH Resource Team        |           | ENR Transfer Request Form        |           |
| Home Team               |           | Bus team                         |           |

# 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

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: \_\_\_\_\_  Mr.  Mrs.  Ms. Relationship: \_\_\_\_\_

Address:  Same as above Other: \_\_\_\_\_ Postal code: \_\_\_\_\_

Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_ Ext.: \_\_\_\_\_

# STUDENT REGISTRATION



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: \_\_\_\_\_

# 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 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*):

# 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

# STUDENT REGISTRATION



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.

## 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

- 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 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.



# Harold Hatcher School

## *Parental Informed Consent for out of School Activities in the Local Community For Grades Kindergarten- Grade 5*

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 their school years. Your signature at the bottom of the form confirms that you are aware of the information provided in this letter.

The River East Transcona School Division and the staff of Harold Hatcher 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...the Terry fox walk, taking a class to a nearby park, jogging for Phys. Ed class, etc.

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 wellbeing of students is a prime concern and every effort is made to minimize the foreseeable risks inherent in any activity.

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

Students Name (please print): \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Harold Hatcher School

## 5-8 PHYSICAL EDUCATION / HEALTH EDUCATION

### Parental Option for Potentially Sensitive Content

The Grade 5-8 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 5-8, *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 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. Please note that the permission form is a multi-year form, covering Grade 5 to Grade 8. 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.





# Harold Hatcher School

## Grade 5-8 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

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Child's first and last name)

\_\_\_\_\_  
(Grade)

| Topic                              | School Based 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)

# TRANSPORTATION APPLICATION (FORM A)



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

## PART A — Parent/guardian complete Part A and return form to the school

Student name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Home address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/town: \_\_\_\_\_ Postal code: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Babysitter address (if applicable): \_\_\_\_\_ Phone: \_\_\_\_\_

Please check if your child has any conditions that could require intervention during transportation:

Life-threatening allergy to: \_\_\_\_\_  Other (please indicate): \_\_\_\_\_

Diabetes  Seizure disorder  Asthma

\_\_\_\_\_  
Parent/student signature Requested start date: \_\_\_\_\_

## PART B — To be completed by the school

Check appropriate box:

- |  |   |
|--|---|
| <input type="checkbox"/> Student attending French immersion                    | <input type="checkbox"/> Student attending regular academic program |
| <input type="checkbox"/> Student attending English-German Bilingual Program    | <input type="checkbox"/> Student attending EAL                      |
| <input type="checkbox"/> Student attending English-Ukrainian Bilingual Program | <input type="checkbox"/> Student attending vocational program       |
| <input type="checkbox"/> Student attending International Baccalaureate         | <input type="checkbox"/> Student attending kindergarten, odd days   |
| <input type="checkbox"/> Student attending Advanced Placement                  | <input type="checkbox"/> Student attending kindergarten, even days  |

\_\_\_\_\_  
Principal signature Cohort: \_\_\_\_\_

**Any changes relating to the information contained in this form must be reported to the transportation department immediately.** Questions should be directed to the transportation department at 204.669.0202.

## FOR DEPARTMENT USE ONLY

Pickup bus: \_\_\_\_\_ Other details: \_\_\_\_\_

Transfer to: \_\_\_\_\_

Transfer bus: \_\_\_\_\_

Take home bus: \_\_\_\_\_

Completed by: \_\_\_\_\_ Busing start date: \_\_\_\_\_