



# École John Henderson Middle School

930 Brazier St. | Winnipeg, MB R2K 2P3 | Tel: 204.661.2503 | Fax: 204.668.9353

Principal: Leigh Stachniak | Vice-principal: Sheri Stoesz

Email: [jh@retsd.mb.ca](mailto:jh@retsd.mb.ca) | Web: [www.retsd.mb.ca/jh](http://www.retsd.mb.ca/jh)

January 28, 2026

Dear Parents/Guardians of Grade Five Students:

It is a very exciting and busy time when students make the transition from grade five to grade six. To assist students and their parents with this process, please take note of the following important information.

Registration forms are attached. The completed registration forms are to be returned to your elementary school by Monday, March 2, 2026.

We are currently planning an open house on Thursday, February 12, 2026. Families are welcome to drop in anytime between 4:30p.m. – 6:30p.m. to visit the school and will have the opportunity to ask staff questions. In the spring, elementary schools will be touring École John Henderson Middle School.

Please note that due to our current and projected enrollment, École John Henderson Middle School is closed to school of choice applications. Currently, we are only able to accept students living in the École John Henderson Middle School catchment area.

Attached you will find an application form for transportation. If you will be in grade 6 and live further than 1.6 km away your student may qualify for busing. Please fill out the attached form. Transportation forms are required whenever there is a change that will affect student busing.

Reminder that the division has two policies regarding technology use and media release. Permission is in place unless families decide to opt out. Please see the names of these policies below and you can find them on our website at [www.retsd.mb.ca](http://www.retsd.mb.ca). If you would like your child to opt out, please go to Documents & Forms; General Information on our website, there you will find the Technology Opt Out Form. Hard copies can be requested by contacting the school.

**Technology Use:** [Policy IJND](#), and Policy Form [IJND-E1](#)

**Media Release:** [Policy KDDB](#) and Policy Form [KDDB-E1](#)

Sincerely,

Leigh Stachniak Whalen  
Principal

Sheri Stoesz  
Vice Principal





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## REGISTRATION 2026 - 2027 GRADE 6 - FRENCH IMMERSION PROGRAM

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

PARENT EMAIL: \_\_\_\_\_

T-SHIRT SIZE (Circle one): Adult      S      M      L      XL  
Youth      M      L

### **REQUIRED COURSES (Instructed in French)**

FRANCAIS

MATHEMATIQUES

SCIENCES DE LA NATURE

SCIENCES HUMAINES

L'EDUCATION PHYSIQUE / SANTÉ (Health)

### **REQUIRED COURSES (Instructed in English)**

ENGLISH LANGUAGE ARTS

APPLIED ARTS

### **\*OPTION COURSES (Please number in order of preference)**

**\*Staffing is based on student's choice, no changes can be made after March 2, 2026**

ART: \_\_\_\_\_

MUSIC: \_\_\_\_\_

**APPROVAL: I approve of the above course selections;**

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

Signature of Parent/Guardian: \_\_\_\_\_

**\*\*Please note that due to our current and projected enrollment, École John Henderson Middle School is closed to school of choice applications. If you wish for your student to switch to English Programming, then they must attend their catchment 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 2026-2027 school 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 École John Henderson Middle School recognize 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 course of the school year, student groups will engage in activities within the local community that take them out of school buildings. 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, or Physical Education class.

The risk of injury exists in 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 may 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 participate in activities of this nature, contact the school at 204-661-2503.

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:

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

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

\_\_\_\_\_  
Date

# 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: \_\_\_\_\_

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)

Oji-Cree

Ininiw

Michif

Dene (Sayisi)

Inuktitut

Dakota

Other: Please specify: \_\_\_\_\_

## MEDICAL QUESTIONNAIRE

**Please complete the following (specify yes if physician-diagnosed)**

1. Anaphylaxis	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Anaphylaxis—has EpiPen prescribed	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Asthma—has inhaler prescribed	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Bleeding (i.e., hemophilia, Von Willebrand disease)	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
6. Cardiac condition	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Catheterization	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Central line	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Gastrostomy	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Intermittent catheterization	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Medication	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
13. Nasogastric tube	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Osteogenesis imperfecta	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Ostomy	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Oxygen	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Seizure disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Steroid dependence	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Suctioning (A)—tracheal suctioning	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Suctioning (B)—oral/nasal suctioning	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Tracheostomy	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Ventilator	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Other intervention/condition/diagnosis (not listed)*	<input type="checkbox"/> Yes <input type="checkbox"/> 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.



# TRANSPORTATION APPLICATION—REGULAR (FORM A)



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:

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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:

<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 vocational program
<input type="checkbox"/> Student attending English-Ukrainian Bilingual Program	<input type="checkbox"/> 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](mailto:transportation@retsd.mb.ca).

## FOR DEPARTMENT USE ONLY

Pickup bus: \_\_\_\_\_

AM transfer bus: \_\_\_\_\_

PM transfer bus: \_\_\_\_\_

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