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 | Web: 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. 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

River East Transcona
SCHOOL DIVISION
creating student success

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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

River East Transcona SCHOOL DIVISION
creating student success

STUDENT REGISTRATION

River East Transcona SCHOOL DIVISION

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

River East Transcona SCHOOL DIVISION

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.

☐ Chromebook ☐ Desktop
☐ Laptop ☐ Tablet
☐ Mobile phone (student-owned) ☐ No device
☐ 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)*:

☐ 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	☐ 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

☐ 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 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)

River East Transcona SCHOOL DIVISION

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:

_____

_____

_____

☐ **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:

☐ Student attending French immersion
☐ Student attending English-German Bilingual Program
☐ Student attending English-Ukrainian Bilingual Program
☐ Student attending regular academic program
☐ Student attending vocational program
☐ 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.

FOR DEPARTMENT USE ONLY

Pickup bus: _____ _____

AM transfer bus: _____ _____

PM transfer bus: _____ _____

Take home bus: _____ _____

INDIGENOUS IDENTITY DECLARATION

IMPORTANT: This form should not be completed in your web browser. To use all features of the form:
1. Right-click the link and select **"Save link as"** to download it to your computer.
2. Open the file using **Adobe Acrobat Reader**. You can download Adobe Acrobat Reader for free at get.adobe.com/reader/

INDIGENOUS IDENTITY DECLARATION HELPS TO SUPPORT THE EFFORTS OF MANITOBA EDUCATION AND EARLY CHILDHOOD LEARNING AND SCHOOL DIVISIONS TO PLAN AND ENSURE QUALITY PROGRAMS THAT ARE RESPONSIVE TO THE NEEDS OF INDIGENOUS LEARNERS.

Providing this personal information is voluntary and optional.
Please complete and return this form to your child's school office.

It is being collected in compliance with section 36(1)(b) of The Freedom of Information and Protection of Privacy Act as it is necessary for and relates directly to the activity of Manitoba and school divisions to plan, deliver and improve programs. School boards are responsible for all matters respecting the collection, storage, retrieval and use of information respecting pupils. Access to pupil files and the protection of pupil file information is governed by The Public Schools Act, The Freedom of Information and Protection of Privacy Act and The Personal Health Information Act.

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1. I _____, (name of parent/caregiver, please print):

◯ am submitting my child's Indigenous Identity Declaration for the first time

◯ am re-submitting my child's updated Indigenous Identity Declaration

2. Is your child an Indigenous person, that is, First Nations, Red River Métis, or Inuk (Inuit)?

◯ Yes ◯ No ◯ I prefer not to answer

If "No" *or you prefer not to answer, please do not complete the form.*

If "Yes," *mark the square(s) that best describe(s) your child now.*

Multiple squares can be marked based on your child's cultural-linguistic ancestry:

☐ **First Nations** *(For school office use: Code 090)*

Note: First Nations includes Status and Non-Status

Which best describes your child's cultural-linguistic identity?

- ☐ Nation: ininiwak/nehethowak (Cree) *(For school office use: Code 110)*
- ☐ Nation: Anishinaabe (Ojibwe/Saulteaux) *(For school office use: Code 100)*
- ☐ Nation: Denesuliné (Dene) *(For school office use: Code 120)*
- ☐ Nation: Dakota *(For school office use: Code 130)*
- ☐ Nation: Anisininewak (Ojibway-Cree) *(For school office use: Code 140)*

☐ **Red River Métis** *(For school office use: Code 201)*

☐ **Inuk** (Inuit) *(For school office use: Code 300)*

☐ **Other—please specify:** _____

☐ **I don't know**

Student Name (Please Print)	Date Form Completed
Student's Grade/ Class	School Name
Parent/Guardian Signature or Student Signature if 18+	School Division Name

FOR OFFICE USE ONLY

Date received by school

Check us out anytime
www.edu.gov.mb.ca/iee/identity.html

Manitoba