



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@retds.mb.ca | Web: www.retds.mb.ca/jh

January 28, 2026

Dear Future Grade Seven and Eight Families,

It is that time of year when we start to think about planning for next year. To make that happen we require you and your student to fill out the registration form for next year. Completed forms are due back no later than March 2, 2026 and will be in your student's backpack today.

Please consider the options on the form carefully as there will be no changes once forms are received. This will allow us to create optimal learning environments and structure staff accordingly.

Please note that due to our current school and projected enrollment, École John Henderson Middle School is closed to School of Choice applications. If your child is currently in French Immersion and is thinking of switching to English, they would need to attend their catchment school. If you need more assistance or have questions about this, please don't hesitate to reach out to our office.

If you know of any new students or families attending our school next year, please share that we are hosting a drop in Open House on February 12 from 4:30p.m. to 6:30p.m. Families can visit and will have the opportunity to ask staff questions.

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 these policies below and if you would like your child to opt out, please go to our website at [École John Henderson Middle School](#) – click on Documents & Forms; General Information, 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](#)

Transition times can be unsettling for many students and families. If we can help in any way or if you have any questions, please don't hesitate to reach out.

Sincerely,

Leigh Stachniak Whalen
Principal

Sheri Stoesz
Vice Principal



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REGISTRATION 2026 - 2027 GRADE 8 - ENGLISH 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

ENGLISH LANGUAGE ARTS
MATHEMATICS
SCIENCE
SOCIAL STUDIES
BASIC FRENCH
PHYSICAL EDUCATION / HEALTH
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: _____

BAND: _____ *Must have been in Band in grade 7

GUITAR: _____ (Will be offered if numbers allow, please choose a 2nd option)

APPROVAL: I approve of the above course selections;

Signature of Student: _____

Signature of Parent/Guardian: _____

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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.