

# 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  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.

# TECHNICAL EDUCATION PROGRAM

## EXPRESSION OF INTEREST



### What is a Technical Education program?

Students will learn in an environment modelled after the workplace. They will develop and acquire skilled trade and technology related skills that will allow them to transition into: the workplace, apprenticeship opportunities, post-secondary education, and their daily lives. (Tech Ed Program Overview—Manitoba Education)

Students can start exploring skilled trades and technology in Grade 9 and 10 to work toward a focus on one of the 13 different programs offered in our school division. Students require a total of eight courses starting in Grade 10 to receive a Technology Education Diploma from the Government of Manitoba.

The courses students take in the Grade 11 and 12 years of the programs focus the skill sets and theoretical concepts needed to achieve the full Technology Education Diploma. Some of these programs are accredited with apprenticeship and could provide students with a head start on working towards Level 1 Certification achieving accreditation with Apprenticeship Manitoba.

### Why Technical Education?

Skilled trade and technology careers are important to the well-being of our communities and are an excellent career path for many young people. Embarking on a career in the skilled trades is great for those individuals who like to think creatively, solve problems, and work actively within a hands-on environment.

Please indicate which program(s) you are expressing an interest in. Please rank preferences 1, 2, and 3.

#### Murdoch MacKay Collegiate

- Automotive Technology
- Carpentry
- Fashion Technology
- Metals and Aerospace
- Welding Technology

#### Kildonan-East Collegiate

- Automotive Technology
- Baking and Pastry Arts
- Carpentry
- Collision Repair and Refinishing Technology
- Culinary Arts
- Electrical Trades Technology
- Graphic Design
- Hairstyling
- Interactive Digital Media
- Photography
- Refrigeration and Air Conditioning

# TECHNICAL EDUCATION PROGRAM EXPRESSION OF INTEREST



The attached expression of interest is to be completed by students who are interested in registering for a Technical Education program. In River East Transcona School Division, Technical Education programs are offered at both Murdoch MacKay Collegiate and Kildonan-East Collegiate. Enrolment at any entry point may be limited due to staff and space availability.

Student name:

Address:

Home phone:

Cell:

Email:

Middle years school:

Why are you interested in this program?

---

---

---

Describe who you are as a learner and how this fits with the program(s) you are interested in.

---

---

---

What are you excited about? Highlight skills or interests based on things you have experienced at school, while volunteering, or through work experience, hobbies, and extracurricular activities.

---

---

---

For parents: Why are you in support of this application?

---

---

---

Student signature:

Date:

Parent/guardian signature:

Date:

# sTeam INTENSIVE

## EXPRESSION OF INTEREST



### 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. The sTeam Intensive is designed to provide innovative programming that will:

- Focus on community building, self-awareness, and resiliency
- Provide opportunities for high-potential careers with multiple paths
- Provide opportunities for a wide range of students through skill-building
- Increase awareness/skills regarding career pathways
- Partner with industry, post-secondary institutions, and government
- Be project-based, inquiry-driven, and sTeam-focused
- Build in purposeful mentorship opportunities with related industries

### Why sTeam?

The sTeam Incubator provides students an opportunity, through project-based inquiry, to fulfil some credit requirements. Students are the driving factor in their learning, choosing the topics and issues that connect with them. The sTeam teachers facilitate their learning by helping them connect to the curriculum and the community, organize their thoughts, and clarify the design process. Throughout the learning, students will develop skills in collaboration, critical thinking, creativity, communication, character, and citizenship.

### What type of student would enjoy sTeam?

Learners who appreciate hands-on, interdisciplinary curriculum experiences combined with flexible pacing that allows time to explore and learn through a variety of digital platforms. sTeam learners will connect to the community in powerful, unique ways that will inspire a pursuit of deeper knowledge. Students who flourish in sTeam will:

- Enjoy exploring learning through science, technology, engineering, arts, and math
- Have a keen interest in wanting to understand how things work and like to build, create, or design things
- Enjoy learning through inquiry, experimentation, and reflection
- See the importance in being self-motivated and like to learn independently, as well as in collaborative groups
- Demonstrate a commitment to learning and exploring new ideas
- Enjoy co-operating with peers for group projects and collaborative learning explorations
- Thrive in challenging and creative academic environments
- Contribute to a positive and respectful classroom and school community
- Be open and interested in sharing and celebrating learning
- Benefit from connections with industry partners in exploring career pathway options

We ask that if you have an interest in having your child be considered for sTeam, please provide the requested information on the final page of this package. This group will be scheduled together as a class for the full morning of one semester. Interest or experience with the computer sciences would be an asset. Consideration will be given to ensure that access to sTeam represents the diversity that makes up our school community.

Completed sTeam submissions (see next page) should be brought directly to the school office by the end of March. Should you have any questions for clarification, please be sure to contact the school office.



# sTeam INTENSIVE EXPRESSION OF INTEREST



The attached expression of interest is to be completed by students who are interested in registering for the sTeam Intensive. In River East Transcona School Division, the sTeam Intensive is offered at Murdoch MacKay Collegiate.

Student name:

Address:

Home phone:

Cell:

Email:

Learning profile: Describe what excites you about learning and how you would embrace the challenges and opportunities of being part of sTeam.

---

---

---

---

---

Skills/interests: What are you passionate about? Highlight skills or interests based on things you have experienced at school, while volunteering, or through work experiences, hobbies, and extracurricular activities.

---

---

---

---

---

For parents: Why are you in support of this application?

---

---

---

Student signature:

Date:

Parent/guardian signature:

Date: