

STUDENT NAME: _____

(Please print First Name & Last Name)

Please take note of the following River East Transcona School Division policies:

RETSD Technology Use form IJND-E1

Media Release Policy form KDDDB-E1

Both policies can be found at www.retsd.mb.ca. Parents/guardians are assumed to be in agreement. If you choose to **opt out** regarding these policies, appropriate forms will need to be submitted to the office.

DOCUMENTS REQUIRED FOR NEW RETSD REGISTRATION:

Proof of Residency of legal guardian: (2 pieces required)

- Driver's Licence
- Manitoba Health Card (verified)
- Utility Bill (Name and corresponding address)
- Tenancy agreement (duly signed)
- Offer to purchase documents (completed – signatures)

School Records (required)

- Report Card

School of choice form (if applicable):

- In Division/Out of Designated school boundary
- Out of Division/District

Guardianship (if applicable):

- Court documents (Interim and/or Final Order, Variance Orders may also be applicable)
- Voluntary Placement Agreement (VPA)
- Child in Care form

Proof of Age (For students who are new to the division):

- Birth Certificate
- Baptismal Certificate
- Passport
- Treaty Card
- Certificate of Birth registration, signed by Director of Vital Statistics

2026-2027 School Year

In Division and Out of Designated School Boundary registrations accepted on or after March 1, 2026

Out of Division/District registrations accepted on or after May 1, 2026

OFFICE USE ONLY

Date: _____ Admin Signature: _____

- 9
- 10
- 11
- 12

In Catchment

Yes

Out of Catchment

No

Out of Division

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: Collège Pierre-Elliott-Trudeau

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.



Collège Pierre-Elliott-Trudeau

216, rue Redonda | Winnipeg, MB R2C 1L6 | Téléphone: 204.958.6888 | Télécopieur: 204.222.4883
Directrice: Lisa Comte | Directrice adjointe: Larissa Thorsteinson
Email: cpet@retsd.mb.ca | Web: www.retsd.mb.ca/cpet

PARENTAL INFORMED CONSENT FOR OUT OF SCHOOL ACTIVITIES IN THE LOCAL COMMUNITY 2026-2027

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 this 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 Miles Macdonell Collegiate 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, events and/or field trips such as: the YMCA-YWCA, bowling alleys, elementary schools, 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 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 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 or ought not 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.

Student's Name (Please Print): _____

Parent/Guardian Signature: _____ Date: _____



Collège Pierre-Elliott-Trudeau

Grade 10 Registration 2026-2027

Student name: (please print) _____

COMPULSORY COURSES

Français		
<input checked="" type="checkbox"/>	FR20FFI	Français 20F

Geography		
<input checked="" type="checkbox"/>	G20FFI	Géographie (Geography) 20F

English		
<input checked="" type="checkbox"/>	E20FFI	English 20F

Science		
<input checked="" type="checkbox"/>	S20FFI	Sciences de la nature (Science) 20F

Physical Education / Health Education		
<input checked="" type="checkbox"/>	PEH20FFI	Education Physique/Santé (Phys. Ed./Health) 20F

Please select **ONLY one** from the **two** courses below - indicate your choice with an **X**:

Math		
<input type="checkbox"/>	M20SEFI	Mathématiques au quotidien (Essential Math) 20S
<input type="checkbox"/>	M20SIFI	Intro aux mathé appliquées et pré-calcul (Introduction to Applied and Pre-cal) 20S

OPTION COURSES

ONLY two option courses will be scheduled, based on the availability in the student schedule. For **additional course requests**, please **fill out** the additional course request **online form** which will be available on **TEAMS** on **Thursday, March 5, 2026**.

Please select **ONLY two** option courses - indicate your choice with an **X**:

Music		
<input type="checkbox"/>	MUCB20S	Music – Concert Band 20S
<input type="checkbox"/>	MUCC20S	Music – Concert Choir 20S
<input type="checkbox"/>	MUJB20S	Music – Jazz Band 20S* <i>*Must also be registered for Music – Concert Band 20S)</i>
<p>NOTE: Music classes may be offered outside the regular timetable (before school or at lunch).</p>		

Humanities and Creative Arts		
<input type="checkbox"/>	SP20F4YRFI	Espagnol (Spanish) 20F
<input type="checkbox"/>	AD20SFI	Arts dramatiques (Drama) 20S
<input type="checkbox"/>	LT21G1FI	Formation au leadership (Leadership) - CPE 21G
<input type="checkbox"/>	VART20SFI	Arts Visuels (Visual Arts) 20S
<input type="checkbox"/>	HEC20SFSFI	Études de la famille (Family Studies) 20S
<input type="checkbox"/>	C20SEFI	Entrepreneuriat (Entrepreneurship) 20S
<input type="checkbox"/>	LWP20SFI	Vie-Travail: Planification (Life/Work Planning) 20S