

# 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, Man., R2K 2P7, Tel: 204.667.7130.

## STUDENT INFORMATION

### PLEASE PRINT

School year: 20/\_\_\_\_ 20\_\_\_\_

School name: \_\_\_\_\_ Hampstead School \_\_\_\_\_

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

Preferred 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)  Student 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

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: \_\_\_\_\_ ☐ Mr. ☐ Mrs. ☐ Ms. 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

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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: \_\_\_\_\_ ☐ Mr. ☐ Mrs. ☐ Ms. 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: \_\_\_\_\_ ☐ Mr. ☐ Mrs. ☐ Ms. 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: \_\_\_\_\_ ☐ Mr. ☐ Mrs. ☐ Ms. 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.

☐ 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 page 1/2 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: \_\_\_\_\_ or 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*):

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☐ 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

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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.**

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 _____          |

**OFFICE:** If any items have been checked off, forward to the school principal

**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 son/daughter. 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.



# Hampstead School

920 Hampstead Ave. | Winnipeg, MB R2K 2A3 | Tel: 204.654.1818 | Fax: 204.668.9417  
Principal: Ms. B. Frith | Email: hampstead@retsd.mb.ca | Web: www.hamp.retsd.mb.ca

## Instructional Technology Use Form Kindergarten to Grade 12 - Opt Out

We are pleased to provide the students of River East Transcona School Division access to the computer network and equipment. Unless otherwise indicated, access to the computer network and equipment will be granted to all students.

If you are electing to "opt out" of the above access, please contact Hampstead School to request the appropriate form. Please note, there is no action necessary if you are not "opting out".

## Parent Permission Form Media Coverage Copyright Permission - Opt Out

From time to time during the school year, school staff, the media and/or River East Transcona School Division may be reporting on school or divisional events. On occasion, while covering these events, students are interviewed and/or still moving images of them are taken for use by school staff, division staff or the media quotes or images may be used for the media or in division-al publications or videos, social media accounts or on websites (division, school staff websites).

If you are electing to "opt out", of any of the items described above, please contact Hampstead school for the appropriate form. ***Please note, there is no action necessary if you are not "opting out".***

I have read and understand the information stated above.

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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## PARENTAL INFORMED CONSENT FOR OUT OF SCHOOL ACTIVITIES IN THE LOCAL COMMUNITY

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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 while attending Hampstead School. 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 Hampstead School 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.

*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 and events such Terry Fox Walk, Take Pride Manitoba, taking a class to a nearby park, jogging for Phys Ed class, walking to the public library.*

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

Effective Date: December 16, 2003  
Amended Date: June 21, 2005  
Board Motion(s): 683/03;349/05  
Legal/Cross Reference:

Policy  
Regulation  
Exhibit XXX

Exhibit IJOA-E1 – Letter of Informed Consent for Local Community Activities



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## K-4 PHYSICAL EDUCATION/HEALTH EDUCATION

### Parental Option for Potentially Sensitive Content

The Manitoba Education, Citizenship and Youth department of the provincial government has mandated all potentially sensitive outcomes. Please complete either the School Based Delivery Form or the Alternate Delivery Form below:

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#### 1. School Based Delivery Form

\_\_\_\_\_  
(Date)

My child \_\_\_\_\_ has  
(Child's first and last name) (Grade)

my/our permission to participate in the school based delivery of the potentially sensitive issues as outlined by the Manitoba Education, Citizenship and Youth curriculum.

\_\_\_\_\_  
(Parent / Guardian Signature)

----- **OR** -----

#### 2. Alternate Delivery Form

\_\_\_\_\_  
(Date)

I assume the responsibility for an alternative, home based delivery (home, professional counseling) of the potentially sensitive content for my child where the content is in conflict with family, religious or cultural values.

\_\_\_\_\_  
(Child's first and last name)

\_\_\_\_\_  
(Grade)

\_\_\_\_\_  
(Parent / Guardian Signature)