École Sun Valley School

125 Sun Valley Dr. | Winnipeg, MB R2G 2W4 | Tel: 204.663.7664 | Fax: 204.668.9360
Principal: Joëlle Guillou | Vice-principal: Paulette Jerrard-Gillert
Email: sv@retsd.mb.ca | Web: www.retsd.mb.ca/sv

Dear Parents/Guardians,

Welcome to École Sun Valley School (ÉSVS)! Our school is a K-5 Dual Track school within the River East Transcona School Division. Our kindergarten students attend full days every second day and grades 1-5 students attend full days every day.

We recognize the introduction of school adds an extra layer of anticipation and curiosity for both parents and children. To help ease any concerns and provide clarity, we will be hosting an "Explore and Learn" for kindergarten students and their families this event will be on one of two days. Please mark your calendar with these 2 dates May 12th and May 13th starting at 5:30 PM. Families will receive a letter in early May confirming the date for their child.

According to the RETSD's (EEA) policy, student transportation is provided under specific conditions related to distance or disability. If your child qualifies, we ask that a transportation form be handed in with the registration package. If your child qualifies for transportation and if you do not require it at this time, please select "Student does NOT require bussing" on the transportation form.

All students who stay for lunch must be registered in our Lunch Bunch program. The Lunch Bunch supervises all students who stay for lunch. You can view the Lunch Bunch website in advance of registration at www.sunvalleylunchbunch.org.

The division has two policies regarding Instructional Technology Use (IJND) and Media Release (KDDB). Permission is in place unless families decide to opt out. If you want to "opt out" please visit our website, under documents and forms to complete the form and hand it in to the school.

Please complete the attached forms and return them to us as soon as possible. Your effort in thoroughly completing the forms is greatly appreciated.

We look forward to embarking on this new journey together and are here to support you every step of the way. If you need any additional information, please feel free to contact our office at 204-663-7664.

We look forward to having your family be part of our ÉSVS family!

Joëlle Guillou, Principal

Paulette Jerrard-Gillert, Vice-Principal

River East Transcona
SCHOOL DIVISION
creating student success

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ÉSVS Registration Checklist

1. Is your address in the Ecole Sun Valley School catchment? Verify using the school locator on our website. School of Choice is closed for École Sun Valley School, if you aren't in catchment you will need to register with your catchment school.

https://www.retsd.mb.ca/su

If your address is in our catchment, proceed to step 2. If not, please contact your catchment school.

2. Fill out attached registration forms.
3. Once your forms are filled out, and you have the required documentation to register (see list below), call the school at **204-663-7664** to set up an appointment to complete the registration process

Documents required to register:

Proof of residence- 2 of the following	**Proof of birthdate - 1 of the following**
-Driver's License	-Birth Certificate
-Manitoba Health Card	-Passport
-Tenancy Agreement (duly signed)	-Manitoba Health Card
-Offer to Purchase (signed)	
-Utility Bill (name & address)	

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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

French Immersion ☐ **English** ☐

PLEASE PRINT

School year: 20/____ 20____

School name: École Sun Valley 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 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.

☐ 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

River East Transcona SCHOOL DIVISION

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.

OPT-OUT for Instructional Technology Use and Parent Permission Media Release Policies and Forms

Unless parents indicate otherwise, all permissions are in place for the current school year. Please read the new Instructional Technology Use policy Policy IJND and form Policy Form IJND-E1 as well as the updated Parent Permissions Media Release policy Policy KDDB and form Policy Form KDDB-E1.

Should you wish to opt out please complete the (IJND-E1) Instructional Technology Use (K-Gr. 4) Form and /or the (KDDB-E1) Parent Permission Form for Media Coverage, Copyright Permissions and include them with your child's registration.

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: _____ _____

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ÉCOLE SUN VALLEY SCHOOL

125 Sun Valley Drive Winnipeg Manitoba R2G 2W4
Tel. 204-663-7664 Fax 204-668-9360

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 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 École Sun Valley 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.

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 and events such as taking a class to a nearby park, jogging for Phys. Ed. Class and walks in the community.

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 wellbeing of students is a prime concern and every effort is made 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 it 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 from must be received at the school.

Student's Name (please print): _____

Home Room:_____ Home Room Teacher: _____

_____ _____

Parent/Guardian Signature Date

This form will be applicable until the student transfers to another school or parents indicate a change in the permission.

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What is Lunch Bunch?

The care and supervision of a child during midday break is a fundamental parental responsibility. The division recognizes that fulfilling this responsibility is best achieved through collaborative partnerships between parents and the division (RETSD policy JLIA Parent-run User-Pay Lunch Supervision Programs)

Sun Valley Lunch Bunch is a non-profit organization dedicated to providing supervision over the lunch break. Lunch Bunch is an optional user-pay lunch supervision program for all students who will be at school between 11:45 am- 12:45 pm. Parents who choose not to participate in the Lunch Bunch program must make alternate lunch supervision arrangements outside of the school.

For those who plan to use the program on a full-time, part-time, or casual basis, registration will open in the spring. All students staying at school must be registered and payment made by school start up in September. To register and view Lunch Bunch policies please visit www.sunvalleylunchbunch.org

To view RETSD Parents' Guide for Lunch Supervision Programs, please visit https://www.retsd.mb.ca/child-care

Fees for the 2627 School Year will be coming soon.

For all other questions **please contact sunvalleylunchbunch@gmail.com or by calling 204-663-7664 ext 3242**

Sun Valley Lunch Bunch is a non-profit organization, run by a committee of volunteer parents, dedicated to providing our students with a safe, caring, respectful environment where parents/guardians may choose to have their child supervised over the lunch break.

Winnipeg Regional Health Authority | Office régional de la santé de Winnipeg
Caring for Health | À l'écoute de notre santé

Health and Social Services Near You
access

January 2026

Dear Parents/Legal Guardians,

Vaccines have been shown to be a safe and effective way of protecting children from diseases. It can also protect other people who cannot be immunized due to certain health conditions. It is thus very important to make sure that your child is up to date with their immunizations.

We strongly recommend that children between 4 and 6 years of age receive the following immunizations:

Vaccine name	
Measles, mumps, rubella and varicella vaccine (MMRV vaccine)	Preschool
Diphtheria, tetanus, pertussis and polio vaccine (DTaP-IPV vaccine)	Preschool

Please check your child's immunization records to see if your child is up to date. You can visit the Manitoba Health website to know more about routine immunizations for infants and children (https://www.gov.mb.ca/health/publichealth/cdc/div/schedules.html). You can also discuss this with your primary care provider.

If your child needs immunization/s, your primary care provider (family physician or pediatrician), a walk-in doctor, a nurse practitioner or a public health nurse can provide them.

If you do **not** have a copy of your child's immunization record, you can call the WRHA immunization records request line at **(204) 938-5347** or online at https://forms.gov.mb.ca/immunization-update-request/ (select *Complete Immunization Record*).

If you are new to Manitoba, you can provide a copy of your child's immunization records to your local public health office or you can submit directly online at: https://forms.gov.mb.ca/immunization-update-request/. These records will be entered in the Manitoba immunization registry.

If you have questions or do not have access to a health care provider to immunize your child, please call your local public health office at 204-938-5000 and ask to speak to a Public Health Nurse.

Sincerely,
River East Public Health Team

Access River East
975 Henderson Hwy Winnipeg, MB R2K 4L7
Tel: 204.938.5000 Fax: 204.938.5119

Winnipeg Regional Health Authority | Office régional de la santé de Winnipeg
Caring for Health | À l'écoute de notre santé

Health and Social Services Near You
access

Manitoba

Recommended Immunization Schedule for Infants and Pre-School Children

Vaccine/Antibody Product	Age of Child						
	At birth	2 months	4 months	6 months	12 months	18 months	4-6 years
Respiratory Syncytial Virus (RSV) *	♦						
Diphtheria, Tetanus, Pertussis, Polio, Haemophilus influenzae type b (DTaP-IPV-Hib)		♦	♦	♦		♦	
Pneumococcal Conjugate 15 valent (Pneu-C-15) **		♦	♦		♦		
Rotavirus		♦	♦				
Measles, Mumps, Rubella, Varicella (MMRV)					♦		♦
Meningococcal Conjugate Quadrivalent (Men-C-ACYW) ***					♦		
Tetanus, Diphtheria, Pertussis, Polio (Tdap-IPV)							♦
Influenza (Flu)	All Manitobans 6 months of age and older are eligible for influenza vaccine each year. Click here for current information on the seasonal influenza vaccine.						

Access River East
975 Henderson Hwy Winnipeg, MB R2K 4L7
Tel: 204.938.5000 Fax: 204.938.5119

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