



Maple Leaf School

251 McIvor Ave. | Winnipeg, MB R2G 0Z7 | Tel: 204.661.9509 | Fax: 204.667.5853
Principal: Ms. J. Evans | Email: ml@retsd.mb.ca | Web: www.ml.retsd.mb.ca

STUDENT NAME: _____

GRADE: _____

DOCUMENTS REQUIRED WITH REGISTRATION

Proof of Residency of Legal Guardian (2 pieces) for students who are new to school catchment:

- Manitoba Driver's Licence
- Manitoba Health Card (verified copy)
- Utility bill (name and corresponding address)
- Tenancy Agreement (duly signed)
- Offer to purchase documents (completed – signatures)

Guardianship/Custody (if applicable):

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

Proof of Age for students who are new to the division:

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

PLEASE BE SURE TO

- Provide FOUR emergency contacts
- Provide a phone number for all emergency contacts
- Provide an email for home contact and regular communication
- Indicate if you need additional report cards or parental portal access
- Legal Guardians must sign all forms
- Provide information for any medical or support services received by the student

***Parents only need to complete the Technology use and Media release permission forms for their child if they are opting out. Please contact the office if you require these forms.**

OFFICE USE ONLY

Process on: _____

____ In Catchment ____ School of Choice ____ Out of Division

____ EAL ____ IAA ____ Student Support

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: _____

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

STUDENT REGISTRATION



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*):

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:

- | | |
|--|---|
| <input type="checkbox"/> Anishinaabe (Ojibway/Saulteaux) | <input type="checkbox"/> Oji-Cree |
| <input type="checkbox"/> Ininiw | <input type="checkbox"/> Michif |
| <input type="checkbox"/> Dene (Sayisi) | <input type="checkbox"/> Inuktitut |
| <input type="checkbox"/> Dakota | <input type="checkbox"/> 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 |

STUDENT REGISTRATION



- 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

- Resource
- Reading
- Psychiatry
- Social work
- Physiotherapy
- Child in care
- School counsellor
- Psychology
- Speech & language
- Occupational therapy
- Outside agency
- 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.



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K-4 PHYSICAL EDUCATION/HEALTH EDUCATION Parental Option for Potentially Sensitive Content

The Kindergarten to Grade 4 Physical Education/Health Curriculum contains potentially sensitive outcomes in the following areas:

- Personal Safety
- Substance Use and Abuse Prevention
- Human Sexuality

The curriculum is developmentally and age appropriate. For example, at K-4 Personal Safety helps children identify safety rules for child protection and how to avoid dangerous situations. Substance Use and Abuse Prevention focuses on identifying helpful and harmful substances and how to safely and properly take prescription medications. Human Sexuality identifies basic changes in growth and development such as changes to teeth, height and clothing size.

Manitoba Education has mandated all potentially sensitive outcomes. Parents have the option to choose school based delivery or an alternate delivery for this potentially sensitive content. Alternate delivery of the potentially sensitive content becomes the responsibility of the parent (i.e. home, professional counselling) where the content is in conflict with family, religious or cultural values.

Please complete the form on the reverse indicating either school based delivery or alternate delivery of the potentially sensitive content for your child. Please note that the permission form is a multi-year form, covering Kindergarten to Grade 4. Choice of school based delivery or alternate delivery can be changed at any time. Please notify the school, in writing, to request a change.

If you require more information, Parent Handbooks and curriculum materials are available at the school. You can also contact the classroom teacher or the school administration.



Maple Leaf School

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 check either the School Based Delivery Form or the Alternate Delivery Form below.

1. School Based Delivery Form

Date: _____

My child _____ in Grade _____ has my/our permission to

(Child's first and last name)

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

Parent/Guardian Signature

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.

Grade _____

(Child's first and last name)

Parent/Guardian Signature



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PARENTAL INFORMED CONSENT FORM OUT OF SCHOOL ACTIVITIES IN THE LOCAL COMMUNITY

Dear Parents/Guardians,

The River East Transcona School Division and the staff of Maple Leaf 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 help meet curriculum goals.

Throughout the 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 visiting the McIvor Mall, Bunn's Creek Park, the local fire hall etc.

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.

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.

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.

Your signature at the bottom of this form confirms that you are aware of the information provided in this letter.

Parental Informed Consent:

Student's Name (please print): _____

Parent/Guardian Signature

Date

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

INSTRUCTIONAL TECHNOLOGY USE FORM

KINDERGARTEN TO GRADE 12—IJND-E1



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

1) SAFEGUARDS

Access to instructional technology services will enable students to engage opportunities to digitally create, collaborate and problem solve as well as explore thousands of libraries, databases and digital resources while communicating with users throughout the world.

It is the shared responsibility of the student, parent and school staff to ensure that access to instructional technology services provided by the school system is appropriate.

The River East Transcona School Division uses an Internet filtering system to minimize access to inappropriate websites. Some material accessible via instructional technology might contain items that are potentially offensive to some people, inaccurate, defamatory or illegal. While we do everything we can to prevent such access, it is not possible to *guarantee* that students will not accidentally or purposely find inappropriate material. We believe that the benefits to students from access to instructional technology, in the form of information resources and opportunities for digital creation, communication and collaboration, exceed any disadvantages. Ultimately, parents/guardians of minors are responsible for setting and conveying the digital citizenship standards that their children should follow when using media and information sources. To that end, River East Transcona School Division supports and respects each family's decision not to approve access to computer information technology.

2) DIVISION INSTRUCTIONAL TECHNOLOGY

Students are responsible for their behaviour on school instructional technology tools. Communications on the network can be public in nature. General school rules for behaviour and communications apply as does the divisional Code of Conduct.

Access to instructional technology will enable students to engage in opportunities to digitally create, collaborate and problem solve as well as explore thousands of libraries, databases and other digital resources while communicating with users throughout the world.

Access to instructional technology is given to students to act in a considerate and digitally responsible manner. Access entails responsibility.

Individual users of the instructional technology are responsible for their behaviour and communications using these digital tools. It is presumed that users will comply with divisional standards and will honour the articulated expectations and responsibilities. Network administrators may review files and communications to maintain system integrity and ensure that users are using the system responsibly and in accordance with all applicable policies. Users acknowledge that they have no expectation of privacy in respect of their use of instructional technology information or anything stored on the same.

As outlined in board policy, users will be responsible for their digital learning by:

- a) Recognizing that instructional technology tools are used for educational purposes;
- b) Understanding the positive and negative effects of what is posted and shared in a digital space;
- c) Keeping an educational focus when collaborating and communicating in digital spaces;

INSTRUCTIONAL TECHNOLOGY USE FORM

KINDERGARTEN TO GRADE 12—IJND-E1



- d) Using instructional technology to facilitate and foster positive and meaningful communication and collaboration;
- e) Recognizing that instructional technology tools are often shared devices in schools and treating them in a respectful way is beneficial to the experience of all learners;
- f) Understanding copyright laws and only using online digital resources in a way that is allowable under fair dealing guidelines;
- g) Managing and protecting the safety and security of login credentials and respecting the privacy of the login information of others;
- h) Understanding that the use of my personal technology must not interfere with school work or of the overall learning environment;
- i) Understanding and acting in a manner so as to protect the privacy of myself and others in digital learning spaces;
- j) Recognizing that while my personal electronic device can be a valuable learning tool, River East Transcona School Division will not assume responsibility for the loss, damage, or theft of any personal electronic device.

Any violation of this policy (including but not limited to online threats and intimidation) may result in a loss of access, disciplinary measures, legal action or financial reimbursement. Violations of this policy may also constitute a violation of the divisional code of conduct and/or user responsibility and/or laws including the Criminal Code.

A copy of the complete policy (IJND—*Instructional Technology Use*) is available at the school upon request or at www.retsd.mb.ca.

River East Transcona School Division promotes the use of its instructional technology to improve the digital literacy of its users. Every user is expected to adhere to this policy and by accessing instructional technology consents to follow the expectations contained in the policy. All students are expected to adhere to the policy.

INSTRUCTIONAL TECHNOLOGY USE FORM KINDERGARTEN TO GRADE 12—IJND-E1



If you are electing to “opt out” of the below item, please indicate by checking the appropriate box, signing below and returning the form to the school. No action is necessary if you are not “opting out.”

As a parent or legal guardian of the minor student named below, I do not give permission for my child to have access to:

Instructional technology provided by RETSD

Please note:

Parents who indicate “no” need to discuss this decision with their child

Student name

Parent name

Parent signature or student signature if
18 years of age or older

Date

School name

Homeroom teacher/advisor

Grade

THIS FORM WILL BE APPLICABLE UNTIL THE END OF THE CURRENT SCHOOL YEAR OR WHEN PARENTS INDICATE A CHANGE IN PERMISSION.

PARENT PERMISSION FORM

MEDIA COVERAGE, COPYRIGHT PERMISSION

—KDDB-E1



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 or moving images of them are taken for use by school staff, division staff or the media quotes or images may be used by the media or in divisional publications or videos, social media accounts or on websites (division, school staff websites).

Student Identification on Websites

Please be assured that on River East Transcona School Division publications (division, school, staff websites, and social media accounts), your child in kindergarten to Grade 8, and their work will be identified by first name only.

Your child in Grade 9 to 12 and their work may be identified by their full name, and their full name may be included with their image, on River East Transcona School Division publications (division, school, staff websites and social media accounts).

Student Copyright Permission

A student's work is copyrighted to that student. Unless otherwise indicated on KDDB-E1—*Parent Permission Form Media Coverage, Copyright Permission* by a parent/guardian or student who has reached the age of 18, it will be permitted for a student's work to be published by the media or River East Transcona School Division.

**PARENT PERMISSION FORM
MEDIA COVERAGE, COPYRIGHT PERMISSION
—KDDB-E1**



If you are electing to “opt out” of any of the below items, please indicate by checking the appropriate box, signing below and returning the form to the school. No action is necessary if you are not “opting out.”

I do not give permission for my child to:

Be interviewed for publication by:

Division, school, staff websites and social media accounts (fundraising, newsletters, websites)

Media (newspaper, radio, TV)

Be photographed and/or appear on video for publication by:

Division, school, staff websites and social media accounts (fundraising, newsletters, websites)

Media (newspaper, radio, TV)

Copyright:

Have my child’s work published by the media or the division

Please note:

Parents who indicate “no” by checking any of the permission items identified in the exhibit need to discuss this decision with their child and indicate to the child what actions they must take in these situations.

Student name

Parent name

Parent signature or student signature if
18 years of age or older

Date

School name

Homeroom teacher/advisor

Date

THIS FORM WILL BE APPLICABLE UNTIL THE END OF THE CURRENT SCHOOL YEAR.