

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: _____

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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: _____

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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*):

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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:

- | | |
|--|---|
| <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 | |
| 21. Tracheostomy | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 22. Ventilator | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 23. Other intervention/condition/diagnosis (not listed)* | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |

***Other health condition(s) must be physician-diagnosed with supporting documentation provided**

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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.



Transcona Collegiate

1305 Winona St. | Winnipeg, MB R2C 2P9 | Tel: 204.958.6440 | Fax: 204.958.6521
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2025-2026

GRADE 9 REGISTRATION FORM

PLEASE PRINT:

Student's Legal Name: _____

(last)

(first)

(middle)

Compulsory courses: Grade 9 students at Transcona Collegiate must complete the following five compulsory courses.

- English 10F (1 credit)
- Mathematics 10F (1 credit)
- Science 10F (1 credit)
- Canada in the Contemporary World 10F (1 credit)
- Physical Education 10F (1 credit)

Option courses: All Grade 9 students must choose **five (5) option courses** from the following list. Please number the five courses according to priority: number 1 being your first choice and number 5 being your alternate or last choice. Please note you may not get your top choices.

_____ Visual Art 10S

_____ Family Studies 10S

_____ Drama 10S

_____ Electronic Technology 10G

_____ Concert Band 10S

_____ Graphic Technology 10G

_____ Concert Choir 10S

_____ Metalwork Technology 10G

_____ Jazz Band 10S*

_____ Woodwork Technology 10G

_____ Dance 10S

_____ Reading is Thinking 10S

_____ French 10F

_____ Drama Production 11G

_____ Human Ecology 10S

_____ Applying Info &
Communication I and II 15F

***You may choose Jazz Band as an extra credit over and above the regular number of credits because it is offered outside of regular school hours.**

Signatures:

Student: _____

Parent/Guardian: _____

Date of Application: _____



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2025-2026

GRADE 10 REGISTRATION FORM

PLEASE PRINT:

Student's Legal Name: _____
(last) (first) (middle)

***Below are the compulsory courses for Grade 10. Students must register for the Grade 10 course in each group. Please also select any Grade 9 compulsory courses where credits have not yet been earned.

ENGLISH:

- English 20F

SCIENCE:

- Science 20F

MATHEMATICS:

- Essentials Math 20S
 Introduction to Applied/Pre-Calculus 20S

SOCIAL SCIENCE:

- Geography 20F

PHYSICAL EDUCATION:

- Physical Education and Health 20F

Students must also select up to three OPTION credits for Grade 10. Choose from the list below.

COMPUTER:

- Computer Science 20S
 Digital Pictures 25S/Web Design 35S

ARTS:

- Concert Band 20S
 Concert Choir 20S
 Dance 20S
 Drama 20S
 Drama Production 21G (after school)
 Jazz Band 20S (taken with Concert Band 20S)
 Vocal Jazz 20S (taken with Concert Choir 20S)
 Visual Art 20S

INDUSTRIAL ARTS:

- Electronics Technology 20G
 Graphic Communication Technology 20G
 Metalwork Technology 20G
 Woodwork Technology 20G

HOME ECONOMICS:

- Family Studies 20S
 Food and Nutrition 20S

FRENCH:

- French Communication 20F

ENGLISH:

- Reading is Thinking 20S

GRADE 9 COMPULSORY COURSES

*If you are missing a Gr. 9 Compulsory Course

- English 10F
 Science 10F
 Math 10F
 Physical Education & Health 10F
 Canada in the Contemporary World 10F



Transcona Collegiate

Gr. 10 Final steps:

- Please select up to two **alternate** option courses by marking an **A** beside the boxes on the previous page. These alternate courses will be considered in the event that a course does not have enough requests to run a section or does not fit into a student's timetable due to scheduling conflicts.
- In Grade 10, students may sign up for a maximum of 8 courses.
- Ensure you have checked off any remaining Grade 9 compulsory courses that are required for graduation.

Signatures:

Student: _____

Parent/Guardian: _____

Date of Application: _____

TA: _____



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2025 - 2026

GRADE 11 REGISTRATION FORM

PLEASE PRINT:

Student's Legal Name: _____
(last) (first) (middle)

Below are the compulsory courses for Grade 11. Review your transcript to ensure you sign up for the appropriate grade level courses required for graduation. Please check the boxes that apply.

ENGLISH:

- Comprehensive Focus English 30S
- Literary Focus English 30SAdvanced

SOCIAL SCIENCE:

- History of Canada 30F

MATHEMATICS:

- Applied Math 30S
- Essentials Math 30S
- Pre-Calculus Math 30S
- Pre-Calculus Math 30S Advanced
- Pre-Calculus Math 40S Advanced

PHYSICAL EDUCATION:

- Physical Education and Health 30F

Grade 11 Optional Courses. Gr 11 students may register for a TOTAL of 7 courses.

COMPUTER:

- Computer Science 30S
- Digital Pictures 25S/Web Design 35S

INDUSTRIAL ARTS:

- Electronics Technology 30G
- Graphic Communication Technology 30G
- Woodwork Technology 30G

FRENCH:

- French Communication 30S

continued on next page.....

ARTS:

- Concert Band 30S
- Concert Choir 30S
- Dance 30S
- Drama 30S
- Drama Production 30S (after school)
- Jazz Band 30S (taken with Concert Band30S)
- Vocal Jazz 30S (taken with Concert Choir20S)
- Visual Art 30S

HOME ECONOMICS:

- Family Studies 30S
- Food and Nutrition 30S

SCIENCE:

- Biology 30S
- Biology 30S Advanced
- Chemistry 30S
- Chemistry 30S Advanced
- Physics 30S
- Physics 30S Advanced
- Topics in Science 30S

GRADE 10 COMPULSORY COURSES

*If you are missing a compulsory course

- Science 20F (S20F)
- Essentials Math 20S (M20SE)
- English Language Arts 20F (E20F)
- Physical Education & Health 20F (PEH 20F)
- Geographic Issues of the 21st Century 20F (G20F)

Final steps:

- Please select up to two **alternate** option courses by marking an **A** beside the box in front of the course name. These alternate courses will be considered in the event that a student's first choices of options cannot be met.
- Also **post-secondary requirements are different from graduation requirements**. Please refer to the Registration handbook for requirements or see one of the Guidance Counsellors.

Signatures:

Student: _____

Parent/Guardian: _____

Date of Application: _____



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2025 - 2026

GRADE 12 REGISTRATION FORM

PLEASE PRINT:

Student's Legal Name: _____

(last)

(first)

(middle)

Below are the compulsory courses for Grade 12. Review your transcript to ensure you sign up for the appropriate grade level courses required for graduation. Please check the boxes that apply.

ENGLISH:

- Comprehensive Focus English 40S
- Literary Focus English 40S
- Transactional Focus English 40S
- Literary Focus English 40S Advanced

- 42AP Literature & Composition

(Students must take at least 1 Grade 12 (40S) English course, some may choose to take more than 1)

MATHEMATICS:

- Applied Math 40S
- Essentials Math 40S
- Pre-Calculus Math 40S
- 42AP Calculus AB

PHYSICAL EDUCATION:

- Physical Education and Health 40F

Grade 12 Optional Courses: Gr 12 students may register for a total of 6 courses or the number of courses required for graduation.

COMPUTER:

- Computer Science 40S

FRENCH:

- French Communication 40S

INDUSTRIAL ARTS:

- Electronics Technology 40G
- Graphic Communication Technology 40S
- Woodwork Technology 40S

ARTS:

- Concert Band 40S
- Concert Choir 40S
- Dance 40S
- Drama 40S
- Drama Production 40S (after school)
- Jazz Band 40S (taken with Concert Band 40S)
- Vocal Jazz 40S (taken with Concert Choir 40S)
- Visual Art 40S

HOME ECONOMICS:

- Family Studies 40S
- Food and Nutrition 40S

SCIENCE:

- Biology 40S
- Biology 42AP
- Chemistry 40S
- Chemistry 42AP
- Physics 40S
- Physics 42AP

SOCIAL SCIENCE:

- Global Issues 40S
- Law 40S
- Psychology 40S
- Topics in First Nations, Metis, & Inuit Studies 40S

GRADE 11 COMPULSORY COURSES

*If you are missing a Gr. 11 Compulsory Course

- English Comprehensive Focus 30S (E30SCF)
- History of Canada 30F (H30F)
- Essentials Math 30S (M30SE)
- Physical Education & Health 30F (PEH 30F)

Final steps:

- Please select up to two **alternate** option courses by marking an **A** beside the box in front of the course name. These alternate courses will be considered in the event that a student's first choices of options cannot be met.
- Grade 12 students who are interested in taking one of the divisionally offered online courses (Biology, Law, Psychology, or Transactional ELA), please see an administrator.
- Also **post-secondary requirements are different from graduation requirements**. Please refer to the Registration handbook for requirements or see one of the Guidance Counsellors.

Signatures:

Student: _____

Parent/Guardian: _____

Date of Application: _____



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PARENTAL INFORMED CONSENT FOR OUT-OF-SCHOOL ACTIVITIES IN THE LOCAL COMMUNITY For Participation in the Transcona Collegiate Physical Education Courses 2025-2026

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 may participate in during 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 Transcona Collegiate recognize that valuable and unique learning can take place outside of the school building. We are therefore encouraged to make use of the resources of the local community to meet curriculum goals.

During the school year, student groups in various courses may 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:

- Basketball and Tennis at Park City Community Club
- Orienteering in the Transcona area, walking/running on the areas/sidewalks close to Transcona Collegiate

I / We, the undersigned, hereby acknowledge that certain risks of injury are inherent in the participation in sports, recreational activities, and other off-school site programs. These types of injuries may be minor or serious.

I / We understand that, in case of emergency medical or hospital services being required by the above-listed participant, and with the understanding that every reasonable effort will be made by the school/hospital to contact me, my signature on this form authorizes the board, through its employees, agents, and officers, [to] secure such medical advice and services as they deem necessary for my child's health and safety, and that I shall be financially responsible for such advice and services.

I / We understand that the choice to participate brings with the individual the ASSUMPTION OF RISK which is part of those activities.

I / We understand and agree that this is a part of the school program. I/We also understand that because 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.

In order for your child to participate any of these events, this signed consent form must be received at the school before the event.

Student's Name (please print): _____

Parent/Guardian Signature: _____

Date: _____



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2025-26 School Year

STUDENT/PARENT/GUARDIAN ACKNOWLEDGEMENT & UNDERSTANDING FORM

STUDENT: _____
(last name) (first name)

LOCKER USAGE AND AGREEMENT

Transcona Collegiate agrees to permit the student named above to use a locker and lock at Transcona Collegiate upon payment of Student Fees.

It is understood and agreed by the undersigned that the Superintendent of Schools and/or designate has the right to inspect the locker at any time in the presence of the student, whenever possible, or without notice to the occupant in the event of an emergency. In addition, we acknowledge that the student named above will be **assessed for damages/graffiti/etc.** done to their locker, and for the **replacement cost for locks** lost, damaged, or not returned.

ATTENDANCE POLICY ACKNOWLEDGEMENT AGREEMENT

Regular class attendance plays a very important role in students' academic success. We understand that if this student is going to be absent from school, we are to inform the school by 8:35 a.m. (or 1:05 p.m.) on the day of the absence. All absences not cleared by phone may be recorded as truancy. Excessive absenteeism may impact students' ability to demonstrate understanding of course outcomes which need to be met to receive course credits. If absenteeism becomes chronic and/or begins to impact a student's progress in their courses, teachers and/or school administration will contact home to discuss necessary next steps.

Student's Signature

Parent/Guardian's Signature (if student is under 18 years of age)

TECHNOLOGY USE AND MEDIA COVERAGE INFORMATION

RETSO has two policies regarding instructional technology use (policy IJND) and media coverage, copyright permission (policy KDDDB). Both divisional policies can be found at www.retsd.mb.ca for further reading. Parents/guardians are assumed to be in agreement of both of these policies; forms to "opt out" of either the use of instructional technology or media coverage and copyright permission can be found on our divisional website, signed, and returned to the school if this is not the case.