



# Donwood School

400 Donwood Dr. | Winnipeg, MB R2G 0X4 | Tel: 204.668.9438 | Fax: 204.668.9269  
Principal: Margaret Fair | Vice-Principal: Kim Dudek  
Email: don@retds.mb.ca | Web: www.retds.mb.ca/don

## Registration 2026 – 2027 Kindergarten – Grade 5 English Program

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

Please note that **we require the following identification** before we can register your child in the (regular English or English/German Bilingual programming).

### **Two Pieces Proof of Residency:**

Please note that **two** of these are required:

- Driver's License
- Tenancy agreement (duly signed)
- Offer to purchase documents (completed with signatures)
- Utility bill (name and corresponding address)

### **Proof of Age:**

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

### **Guardianship:**

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

There can be no exceptions to this required identification. If you do not have one of these items, you will have to bring it in before your child will be registered.

Thank you,

Donwood School

# 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: \_\_\_\_\_

# 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.

## **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 (IJND) and form (IJND-E1) as well as the updated Parent Permissions Media Release policy (KDDB) and form (KDDB-E1).

Should you wish to opt out please complete the (IJND-E1) Instructional Technology Use (K-Gr. 12) Form and /or the (KDDB-E1) Parent Permission Form for Media Coverage, Copyright Permissions and include them with your child's registration.



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## PARENTAL INFORMED CONSENT FOR OUT OF SCHOOL ACTIVITIES IN THE LOCAL COMMUNITY For Grades Kindergarten – Grade 5

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 their school years. 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 the 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 the Terry Fox Walk, taking a class to a nearby park, and jogging for Phys Ed class or club.

The risk of injury exists in all student activities. 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 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): \_\_\_\_\_

Home Room: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## **INSTRUCTIONAL TECHNOLOGY**

Access to the River East Transcona School Division instructional technology services plays a vital role in teaching and learning in today's world. Student access to computer information technology is an integral part of their learning. The division, in cooperation with students and parents, will work to build an understanding of the importance of digital citizenship and the role that computer information technology can play in education.

River East Transcona School Division promotes the use of its instructional technology services to improve the digital literacy of its users. Every user is expected to adhere to this policy, as well as the accompanying regulation and exhibits, and by accessing instructional technology tools, consents to follow the expectations contained in the policy.

Parents who indicate "no" and opt out on any of the Instructional Technology need to discuss this decision with their child. This information will be sent home on an annual basis.

## **MEDIA COVERAGE, COPYRIGHT PERMISSION**

The River East Transcona School Division recognizes the value of positive public relations and as such realizes that 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, divisional staff or, the media. Quotes or images may be used by the media, in divisional publications, videos, social media accounts, or websites. (division, school, staff websites).

As well, on occasion, students' works are published by the media or River East Transcona School Division, for example in divisional publications or videos, social media accounts or on websites (division, school, staff websites). Work produced by a student 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 students to be interviewed and/or to allow still or moving images of them to be taken for use by the media or the division.

Parents who indicate "no" and opt out on 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. This information will be sent home on an annual basis.

If you choose to "opt out" forms can be found on the River East Transcona School Division website at [www.retsd.mb.ca](http://www.retsd.mb.ca). Under Your RETSD and click on Policies.

For Instructional Technology: under I – Instruction, form IJND-E1

For Media Coverage, Copyright Permission: under K – School, Community & Home Relations, form KDDB-E1