

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: 2026/2027

School name: Murdoch Mackay Collegiate

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	<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**

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.

TECHNICAL VOCATIONAL EXPRESSION OF INTEREST



What is a technical vocational program?

Students will learn in an environment modelled after the workplace. They will develop and acquire skilled trade and technology related skills that will allow them to transition into: the workplace, apprenticeship opportunities, post-secondary education, and their daily lives. (Tech Voc Overview—Manitoba Education)

Students can start exploring skilled trades and technology in Grade 9 and 10 to work toward a focus on one of the 13 different programs offered in our school division. Students require a total of eight courses starting in Grade 10 to receive a Technology Education Diploma from the Government of Manitoba.

The courses students take in the Grade 11 and 12 years of the programs focus the skill sets needed to achieve the full Technology Education Diploma. Some of these programs are accredited with apprenticeship and could provide students with a head start on achieving accreditation with Manitoba Apprenticeship.

Why technical vocational?

Skilled trade and technology careers are important to the well-being of our communities and are an excellent career path for many young people. Embarking on a career in the skilled trades is great for those individuals who like to think creatively, solve problems, and work with their hands.

Please indicate which program you are expressing an interest in.

Murdoch MacKay Collegiate

- Automotive Technology
- Carpentry
- Fashion Technology
- Metals and Aerospace
- Welding Technology

Kildonan-East Collegiate

- Automotive Technology
- Baking and Pastry Arts
- Carpentry
- Collision Repair and Refinishing Technology
- Culinary Arts
- Electrical Trades Technology
- Graphic Design
- Hairstyling
- Interactive Digital Media
- Photography
- Refrigeration and Air Conditioning

TECHNICAL VOCATIONAL EXPRESSION OF INTEREST



The attached expression of interest is to be completed by students who are interested in registering for a technical vocational program. In River East Transcona School Division, technical vocational programs are offered at both Murdoch MacKay Collegiate and Kildonan-East Collegiate.

Student name:

Address:

Home phone:

Cell:

Email:

Middle years school:

Why are you interested in this program?

Describe who you are as a learner and how this fits with the program you are interested in.

What are you excited about? Highlight skills or interests based on things you have experienced at school, while volunteering, or through work experience, hobbies, and extracurricular activities.

For parents: Why are you in support of this application?

Student signature:

Date:

Parent/guardian signature:

Date:

sTeam INTENSIVE

EXPRESSION OF INTEREST



The attached expression of interest is to be completed by students who are interested in registering for the sTeam Intensive. In River East Transcona School Division, the sTeam Intensive is offered at Collège Miles Macdonell Collegiate. Enrolment at any entry point may be limited due to staff and space availability.

Student name:		Address:	
Home phone:	Cell:	Email:	
<p>Check off one that applies:</p> <p><input type="checkbox"/> Current Grade 8 student entering CMMC: Interested in future participation in Grade 10 <input type="checkbox"/> Current Grade 9 student: Interested in future participation in Grade 10 <input type="checkbox"/> Current Grade 10 student: Interested in future participation in Grade 11 <input type="checkbox"/> Current Grade 11 sTeam student: Interested in future participation in Grade 12</p>			

As you work to highlight some of your thinking and experiences, below, you are invited to create a submission using a method that you feel best supports your interest (e.g., video, reflective art piece, written response).

Learning profile: Describe what excites you about learning and how you would embrace the challenges and opportunities of being part of sTeam.

Skills/interests: What are you passionate about? Highlight skills or interests based on things you have experienced at school, while volunteering, or through work experiences, hobbies, and extracurricular activities.

For parents: Why are you in support of this application?

Student signature:	Date:
Parent/guardian signature:	Date:

sTeam INTENSIVE

EXPRESSION OF INTEREST



What is sTeam?

Science (s) and technology (T) interpreted through engineering (e) and the arts (a), all based in mathematical (m) elements, providing a lens to look at the world around us in meaningful, connected ways. The sTeam Intensive is designed to provide innovative programming that will:

- Focus on community building, self-awareness, and resiliency
- Provide opportunities for high-potential careers with multiple paths
- Provide opportunities for a wide range of students through skill-building
- Increase awareness/skills regarding career pathways
- Partner with industry, post-secondary institutions, and government
- Be project-based, inquiry-driven, and sTeam-focused
- Build in purposeful mentorship opportunities with related industries

Why sTeam?

The sTeam Intensive provides students an opportunity, through project-based inquiry, to fulfil some credit requirements. Students are the driving factor in their learning, choosing the topics and issues that connect with them. The sTeam teachers facilitate their learning by helping them connect to the curriculum and the community, organize their thoughts, and clarify the design process. Throughout the learning, students will develop skills in collaboration, critical thinking, creativity, communication, character, and citizenship.

What type of student would enjoy sTeam?

Learners who appreciate hands-on, interdisciplinary curriculum experiences combined with flexible pacing that allows time to explore and learn through a variety of digital platforms. sTeam learners will connect to the community in powerful, unique ways that will inspire a pursuit of deeper knowledge. Students who flourish in sTeam will:

- Enjoy exploring learning through science, technology, engineering, arts, and math
- Have a keen interest in wanting to understand how things work and like to build, create, or design things
- Enjoy learning through inquiry, experimentation, and reflection
- See the importance in being self-motivated and like to learn independently, as well as in collaborative groups
- Demonstrate a commitment to learning and exploring new ideas
- Enjoy co-operating with peers for group projects and collaborative learning explorations
- Thrive in challenging and creative academic environments
- Contribute to a positive and respectful classroom and school community
- Be open and interested in sharing and celebrating learning
- Benefit from connections with industry partners in exploring career pathway options

We ask that if you have an interest in having your child be considered for sTeam, please provide the requested information on the final page of this package. This group will be scheduled together as a class for a full morning or afternoon of one semester. Interest or experience with the computer sciences would be an asset. Consideration will be given to ensure that access to sTeam represents the diversity that makes up our school community.

Completed sTeam submissions (see next page) should be submitted with the registration package. Should you have any questions for clarification, please be sure to contact the school office.