



Welcome to Dr. F.W.L. Hamilton School

Dear Families,

To register your child please note that we require the following original identification:

- **Two Pieces Proof of Residency:**

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

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

- **Proof of Age if new to the division or registering for kindergarten (one piece):**

- Birth Certificate
- Baptismal Certificate
- Passport
- Treaty Card
- Certificate of Birth registration, signed by Director of Vital Statistics
- MB medical may be accepted if unable to provide any of the above

YOU MUST REGISTER YOUR CHILD AT THEIR DESIGNATED SCHOOL. If you wish your child to attend a school outside of your designated area, please include a "school of choice" form with your registration.

Media and Technology Forms: Students that register in our division are assumed to have parent/guardian permission for Instructional Technology Use, and Media Coverage Copyright Permission. Information about policy IJND-E1-Instructional Technology Use Form for Kindergarten to Grade 12 and policy KDDB-E1- Parent Permission Form can be found on our divisional website under Policies. If you would like your child to 'opt out' of these permissions, please go to our website at <https://www.retsd.mb.ca/dh> under documents and forms. You can either print or request a hard copy of these forms. If you are choosing to "opt out", please hand in the completed forms to the school office.

Lunch Program: The Dr. Hamilton Lunch Program (DHL) is a non-profit organization dedicated to providing our students with a safe, responsible, respectful environment for parent/guardians who choose to have their children supervised over the lunch break. Details will follow regarding registration and fees if applicable.

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	<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.

TRANSPORTATION APPLICATION—REGULAR (FORM A)



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:

<input type="checkbox"/> Student attending French immersion	<input type="checkbox"/> Student attending regular academic program
<input type="checkbox"/> Student attending English-German Bilingual Program	<input type="checkbox"/> Student attending vocational program
<input type="checkbox"/> Student attending English-Ukrainian Bilingual Program	<input type="checkbox"/> 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: _____