



# Lord Wolseley Elementary School

939 Henderson Hwy. Winnipeg, MB R2K 2M2 Tel: 204.661.2384 Fax: 204.668.9363

Principal: Mrs. A. Cieszecki Email: [lw@retsd.mb.ca](mailto:lw@retsd.mb.ca) Web: [www.lw.retsd.mb.ca](http://www.lw.retsd.mb.ca)

*Please take note of the following information:*

The River East Transcona School Division Board Office requires schools to acquire the following documents for registration of new students:

## **Proof of Residency: 2 of the following required**

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

## **Guardianship**

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

## **Proof of Age**

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

Once all required documents have been gathered and handed in, the registration process will be initiated.

## **TECHNOLOGY USE AND MEDIA COVERAGE INFORMATION**

RETSd has two policies regarding instructional technology use (policy IJND) and media coverage, copyright permission (policy KDDB) Both of these divisional policies can be found at [www.retsd.mb.ca](http://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

# 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



## 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*):

- 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: _____ |

# STUDENT REGISTRATION



## 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.**

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.

# STUDENT REGISTRATION



## SUPPORT SERVICES

Please indicate if the student has utilized any of the following services

**OFFICE:** If any items have been checked off, forward to the school principal

- |                                        |                                               |
|----------------------------------------|-----------------------------------------------|
| <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 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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September

## PARENTAL INFORMED CONSENT FOR OUT OF SCHOOL ACTIVITIES IN THE LOCAL COMMUNITY

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 the course of 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 Lord Wolseley 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 visiting the Henderson Public Library, participating in the Terry Fox Walk, classroom neighbourhood walks, and trips to a nearby park.

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.

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 to 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.

### 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



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September

## K-4 PHYSICAL EDUCATION / HEALTH EDUCATION

### Parental Option for Potentially Sensitive Content

The K-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 clothes size.

The Manitoba Education, Citizenship and Youth department of the provincial government has mandated all potentially sensitive outcomes. Parents have the option to choose school based delivery or an alternative delivery for this potentially sensitive content. Alternative delivery of the potentially sensitive content becomes the responsibility of the parent (i.e., home, professional counseling) where the content is in conflict with family, religious or cultural values.

Please complete the form attached 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.

For more information, please click on the link below for the Health Curriculum guidelines:

<https://www.edu.gov.mb.ca/k12/cur/physhlth/foundation/>

Additional information for parents:

[https://www.edu.gov.mb.ca/k12/cur/physhlth/hs\\_k-8/appendixd.pdf](https://www.edu.gov.mb.ca/k12/cur/physhlth/hs_k-8/appendixd.pdf)

[https://www.edu.gov.mb.ca/k12/cur/physhlth/hs\\_k-8/appendixe.pdf](https://www.edu.gov.mb.ca/k12/cur/physhlth/hs_k-8/appendixe.pdf)





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## 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.

If you **want the school to teach the Potentially Sensitive Content** please complete **Option 1** of the form.

If you **DON'T want the school to teach the Potentially Sensitive Content** please complete **Option 2** of the form.

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#### Option 1: School Based Delivery Form

My child \_\_\_\_\_, \_\_\_\_\_ has  
(Child's first & last name) (Grade)

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

\_\_\_\_\_  
(Parent / Guardian signature)

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#### Option 2: Alternate Delivery Form

I assume the responsibility for an alternative, home based delivery (home, professional counselling) of the potentially sensitive content for my child where the content is in conflict with family, religious or cultural values.

\_\_\_\_\_  
(Child's first & last name)

\_\_\_\_\_  
(Grade)

\_\_\_\_\_  
(Parent / Guardian Signature)

## STUDENT HOME COMPUTER AND TECHNOLOGY ACCESS

As the school division and the schools begin welcoming our students back in September, we want to make sure we are prepared for the possible shift to Blended Learning (some in class and some remote learning) or Remote Learning.

Part of this preparedness involves the school getting an accurate indication of the level of technology that is available at home for students.

Please complete this form and return it to your child's teacher no later than September 18, 2020.

Student Name: \_\_\_\_\_

Homeroom/Teacher Advisor: \_\_\_\_\_

1) I have access to computer technology that will allow me to access Office 365 services to support Blended or Remote Learning.

- Laptop
- Tablet
- Smartphone
- I do not have technology

2) I have access to high quality, high speed internet access.

- Yes
- No

Parent/Guardian Contact Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

## Potentially Sensitive Outcomes

### Kindergarten

K.5.K.D.1

**Identify helpful and harmful substances found in the home and school** (i.e. medications, vitamins, cough syrup, substances that may cause allergies, household products with danger symbols, tobacco products).

K.5.K.E.1a

**Identify the major parts of the body by their appropriate names** (e.g. head, arms, shoulders, elbows, wrists, fingers, thumbs, legs, knees, ankles, feet, toes, chest, waist, hips, penis, vagina, breasts).

K.5.K.E.3a

**Show the understanding that people have a right to privacy** (e.g. in reading corners, time-out zones, washrooms).

### S.5.K.A.4

**Demonstrate appropriate healthy choices in case scenarios related to substance use** (i.e. do not eat or drink anything without permission).

### Grade 1

K.3.1.B.6a

**Identify unsafe situations** (e.g. involves sexual exploitation, unsafe persons, unsafe internet sites...) **and safety rules for child protection** (e.g. follow parents' advice, never agree to go anywhere with a stranger, avoid walking alone, recognize and avoid enticements...)

K.5.1.D.1

**Identify safe and unsafe substances found in the home, school and community that can help** (i.e. healthy foods and drink, medicinal products as prescribed by a doctor) **or harm the body** (i.e. food or medicinal products with a broken seal, foul-smelling substances, items with the poison symbol).

S.5.1.A.4

**Demonstrate ways of exercising caution, avoidance, and/or refusal in case scenarios involving unknown substances** (i.e. avoiding substances with a danger symbol, foods that cause allergies and opened Halloween candy; taking proper dosage of prescribed medication).

## Grade 2

K.5.2.E.1a

**Identify basic changes in growth and development from birth to childhood** (e.g. changes to teeth, brain, height, body, weight, clothes size).

K.5.2.E.1b

**As recommended by the Board of Trustees (May 2002) this outcome will not be taught.**

K.5.2.E.1c

**Determine the differences and similarities between self and others** (e.g. body build, hair colour, eyes, skin colour, features, gender, body parts, fitness, interests, culture, beliefs and values...)

K.5.2.E.2a

**Describe how human beings express their emotions for people about whom they care** (e.g. showing love and affection by caring, sharing, being kind and gentle, speaking affectionately, hugging, kissing...)

K.5.2.E.3a

**Identify ways family or caregivers provide support and nurturing for personal growth and development** (e.g. provide food and warmth, express encouragement, listen attentively, provide advice, hugs...)

K.5.A.3.3c

**Discuss the responsibilities** (e.g. respect, private spaces and private parts...) **associated with gender differences.**

S.5.2.A.5

**Use appropriate language regarding private and sensitive issues** (e.g. no foul language, hurtful teasing, name calling, offensive gestures or signs...)

### Grade 3

K.3.3.B.6a

**Identify ways to avoid dangerous and/or inappropriate situations for self and/or others in a variety of contexts** (e.g. unwanted touching of the private parts, sex-related internet sites, exploitive advertisements...)

K.5.3.D.1

**Identify and describe the potential dangers associated with substance use** (e.g. medicines, vitamins, tobacco, alcohol, solvents, gasoline, cleaning supplies, glue, street drugs...) **in the community.**

K.5.3.D.2

**Identify helpful and/or harmful substances** (i.e. vitamins, medicines, tobacco, alcohol) **and their effects on a healthy body** (e.g. vitamins help build body tissues; medicines fight germs and/or reduce pain; nicotine in tobacco affects circulatory system and nervous system; first and second-hand smoke affects lungs and may cause cancer; consuming or inhaling vapors from dangerous products harms the body or causes death...)

K.5.3.D.3

**Recognize the factors** (e.g. peer pressure, media influence...) **that can influence making decisions regarding substance use** (i.e. smoking).

S.5.3.A.4

**Use avoidance and assertiveness skills** (e.g. avoid taking medicines or non-medicinal products without supervision; do not touch or play with harmful substances such as poisons, medicines, cigarettes, solvents; say 'no' to use of harmful substances...) **in scenarios related to potentially dangerous situations.**

### Grade 4

No potentially sensitive outcomes in curriculum.