

# Welcome to

## Dr. F.W.L. Hamilton School

### Registration Requirements

Proof of Residency of Legal Guardian (2 pieces) for students who are new to school catchment:

- Manitoba Driver's Licence
- Manitoba Health Card (verified copy)
- Utility bill (name and corresponding address)
- Tenancy Agreement (duly signed)
- Offer to purchase documents (completed – signatures)

Guardianship/Custody (if applicable):

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

Proof of Age for students who are new to the division:

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

**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 KDDDB-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 (DHLP) 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, 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

- |  |   |
|--|---|
| <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: \_\_\_\_\_

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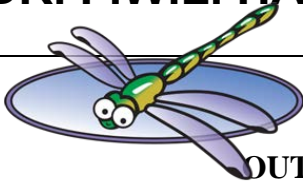
Name of agency/support service: \_\_\_\_\_ Contact person: \_\_\_\_\_

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

Briefly describe the reason for service: \_\_\_\_\_

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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.



**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 Dr. F.W.L. Hamilton 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 taking a class to a nearby park, jogging for Phys. Ed. Class and walks in the community.

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 wellbeing of students is a prime concern and every effort is made 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 it 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 from must be received at the school.

Student's Name (please print): \_\_\_\_\_

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

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

\_\_\_\_\_  
Date

**This form will be applicable until the student transfers to another school  
or parents indicate a change in the permission.**

## **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.

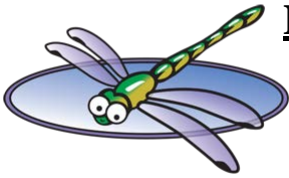
The curriculum is developmentally and age appropriate. For example, at K-4, Personal Safety helps children identify safety rules for child protection and how to avoid dangerous situations. Substance Use and Abuse Prevention focuses on identifying helpful and harmful substances and how to safely and properly take prescription medications. Human Sexuality identifies basic changes in growth and development such as changes to teeth, height, and clothes size. Teachers have specific division-mandated training on this curriculum.

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.

If you require more information, River East Transcona School Division Parent Handbooks are available for keep from school administration. Curriculum materials are also available for loan from the school library. As well, questions pertaining to this curriculum can be made by asking your child's teacher or the school administration.





## **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. Please complete either the School Based Delivery Form or the Alternate Delivery Form below:

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### **1. School Based Delivery Form**

\_\_\_\_\_  
(Date)

My child \_\_\_\_\_ has  
(Child's first and 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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### **2. Alternate Delivery Form**

\_\_\_\_\_  
(Date)

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

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

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

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

# TRANSPORTATION APPLICATION—REGULAR (FORM A)



**This application should be completed by the parent/guardian and returned to the school. Please be aware that it may take three to five business days to process your transportation application.**

Date: \_\_\_\_\_

New to the division     Address change

Student name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Home address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/town: \_\_\_\_\_ Postal code: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Babysitter address (if applicable): \_\_\_\_\_ Phone: \_\_\_\_\_

Please check if your child has any conditions that could require intervention during transportation:

Life-threatening allergy to: \_\_\_\_\_  Other (please indicate): \_\_\_\_\_

Diabetes     Seizure disorder     Asthma

\_\_\_\_\_  
Parent/guardian signature

Requested start date: \_\_\_\_\_

Check appropriate box:

- |  |  |
|--|--|
| <input type="checkbox"/> Student attending French immersion                    | <input type="checkbox"/> Student attending EAL                     |
| <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 kindergarten, odd days  |
| <input type="checkbox"/> Student attending Advanced Placement                  | <input type="checkbox"/> Student attending kindergarten, even days |
| <input type="checkbox"/> Student attending regular academic program            |  |

**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](mailto:transportation@retsd.mb.ca).

## FOR DEPARTMENT USE ONLY

Pickup bus: \_\_\_\_\_

Transfer to: \_\_\_\_\_

Transfer bus: \_\_\_\_\_

Take home bus: \_\_\_\_\_

Completed by: \_\_\_\_\_ Busing start date: \_\_\_\_\_