



École Regent Park

411 Moroz St. | Winnipeg, MB R2C 2X4 | Tel: 204.958.6830 | Fax: 204.222.4885
Principal: Mme L. Grande | Vice-principal : Mme D. Pockett
Email: erp@retsd.mb.ca | Web: www.retsd.mb.ca/erp

Dear Families,

It is our **pleasure** to welcome everyone to a new school year at École Regent Park. The return to school is an opportunity to share, reconnect and welcome new members to our ÉRP family.

Your child's 2025-2026 registration package is enclosed. Please review the documents carefully and return all necessary forms to our main office, along **with 2 pieces of identification to confirm address as well as proof of age documentation (Birth Certificate, Passport, Health Card, Treaty Card, Baptismal Certificate or Certificate of Birth Registration, signed by Vital Statistics)**. Your prompt responses will ensure continuity in your child's programming and will enable the school to maintain accurate records.

A new school year brings with it opportunities to pursue many goals. At École Regent Park, we strive to develop and help our students grow in four key areas which have become the mission statement for our school: **Excellence, Responsibility, Participation and Service**. We all have unique gifts and talents that demonstrate and reflect these ideals. Let us use a fresh new year as a chance to build on those strengths!

Mme Lucia Grande
Principal

Mme Deanna Pockett
Vice-Principal



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ÉRP Parent Advisor Council (PAC) Meeting **Every third Tuesday of the month at 6:30 p.m.**

We invite all parents to join us for this meeting as we launch a new school year and an exciting program of activities for our students and their families. Our first PAC meeting will be September 16th at 6:30 p.m. in our school library.

Any questions or concerns, please contact our PAC president, Lisa Kocis at lkocis@retsd.mb.ca

Lunch Time in Our Building

We remind all families that students at École Regent Park are required to remain on school property during the lunch hour recess. Only students in grades 6, 7, or 8 who have a signed and dated note from their parents have permission to leave the property. This note must be seen and initialed by your child's homeroom teacher and office staff before 9:00 a.m., and your child must keep the note on his/her person until the end of the lunch hour. Please read through the lunch hour policy section in our student agenda for complete details. A hard copy agenda will be sent home to all of our grade 4, 5 and 6 students. An electronic copy of the agenda is located on our school website under DOCUMENTS and FORMS.

During the lunch hour, we have microwaves available in each wing of the school. The microwaves serve as an option to provide your child with a special hot lunch from home. Our microwave stations will begin the second week of September.

School Parking Lot

We ask families **not to use the staff parking lot as a drop off-pick up area**. Our students cross the entrance in the morning to get to the field. The entering and exiting of vehicles can make it dangerous for our students. If students must be dropped off or picked up, we ask that you use **a designated area on a neighboring street**. Thank you for your cooperation in making our school grounds safe. Note that the parking lot across the street on Moroz street is private property. We would also like to inform you that Moroz St is a no parking/stopping zone during bus pick up and drop off times. Please adhere to the signage.



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To decrease overcrowding, we will continue to have each grade level access various doors for morning and afternoon entry and exits. Further details will be provided in our welcome package in September.

Hot Lunches

Starting in October, we will have **hot lunches** once a month. We use a platform called Healthy Hunger. Further details on exact dates and how to use Healthy Hunger will be communicated by email in the future.

New Technology use and Media Release

We would like to give notice that the following policies are in place. The technology use [Policy IJND](#), and [Policy Form IJND-E1](#) as well as media release [Policy KDDDB](#) and [Policy Form KDDDB-E1](#). If you wish to opt out each school year, you have the option to do so by filling out the forms and returning them to school.

Cell Phones and Electronic Devices

Kindergarten to Grade 8 students are banned from using cellphones during school hours, including lunchtime and other breaks.

Personal electronic devices and cell phones are not to be used while at school, as they may disrupt the instructional program and distracts from the learning environment. This applies to the formal school day, including school sponsored events such as field trips, extracurricular activities, and intramurals. Students are required to come to the office if they wish to contact their family if feeling ill and need to be picked up. It is also encouraged that parents-guardians contact the school **directly** if they decide to have their children picked up early. Having every child accounted for at all times is a serious safety concern for the school. Thank you for your co-operation and understanding.

Communication

At ERP, we are committed to keeping the community informed and engaged. We have various methods of communication between families and the school at ERP. Please make sure we have your current e-mail address in our system by completing the verification forms at the beginning of the year, or by contacting the office anytime.



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- ❖ Weekly or biweekly electronic memos sent to families by e-mail
- ❖ Monthly or bimonthly newsletters sent to families by e-mail.
- ❖ Twitter Feed for **École Regent Park @erp_RETSD**
- ❖ ERP website will have the most current dates and information pieces. Please visit our new site at; www.retsd.mb.ca/erp

Industrial Arts

Please note that our grade 6, 7 and 8 students will be attending Industrial Arts rotational courses once a week for half a day at either ÉRP or Arthur Day. Students are transported to their respective courses by divisional bus. Detailed information is in the front of the Student Agenda book.

Thank you for taking the time to look over our Welcome Package for the 2025-2026 school year. If you have any questions, please do not hesitate to contact the school at any time. We look forward to another exciting year of learning at **École Regent Park!**

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: _____

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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.

☐ Chromebook

☐ Desktop

☐ Laptop

☐ Tablet

☐ Mobile phone (student-owned)

☐ No device

☐ 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:

- | | |
|--|---|
| <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: _____ |

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**

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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:

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

☐ Life-threatening allergy to: _____ ☐ Asthma ☐ Diabetes ☐ Seizure disorder
☐ Other (please indicate): _____

Please check appropriate box:

☐ Student attending French immersion ☐ Student attending regular academic program
☐ Student attending English-German Bilingual Program ☐ Student attending vocational program
☐ Student attending English-Ukrainian Bilingual Program ☐ Student attending EAL

Parent/guardian signature Requested start date: _____

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: _____