



# École Springfield Heights School

505 Sharron Bay | Winnipeg, MB R2G 0H8 | Tel: 204.663.5078 | Fax: 204.668.9285

Principal: Kerry Cressall | Vice-Principal: Alyssa Spacek

Email: shs@retsd.mb.ca | Web: www.retsd.mb.ca/shs

Dear Parents/Guardians,

Registration starts Monday, March 3<sup>rd</sup>, and continues through the month. Please find in this package information for your child to be registered for the 2025-2026 school year.

In order to register your child (English or French Immersion program) **PLEASE NOTE THAT WE REQUIRE THE FOLLOWING ORIGINAL IDENTIFICATION:**

- **Two Pieces of Proof of Residency:**

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

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

- **Proof of Age**

Please note your child must be turning 5 prior to December 31<sup>st</sup>, 2025, to register for kindergarten.

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

There can be no exceptions to this required identification for your child to be registered, please bring these documents when you come to register.

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

Transportation is available for students who reside more than 1.6km from the school. If your child qualifies, we ask that a transportation form be handed in with the registration as well. If your child qualifies but you do not require transportation at this time, please write "Not Required" on the form.

Students that register in our division are assumed to have parent/guardian permission for Instructional Technology Use and Media Coverage Copyright Permission. Information on these policies will be emailed in September or upon your child's start date.

If you have any questions, please contact the school at 204-663-5078.

Thank you,

Kerry Cressall  
Principal/Directrice



# 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

FRENCH

ENGLISH

### 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:

- |  |   |
|--|---|
| <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**

# 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.



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## 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 Springfield Heights 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 Terry Fox Walk, jogging for Phys. Ed. class, taking a class to a nearby park, community walks.

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 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 its 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 form must be received at the school.**

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

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

Date \_\_\_\_\_

Effective Date: December 16, 2003  
Amended Date: June 21, 2005  
Board Motion(s): 683/03; 349/05  
Legal/Cross Reference:

Policy  
Regulation  
Exhibit **XXX**