



# Wayoata School

605 Wayoata St. | Winnipeg, MB R2C 1J8 | Tel: 204.958.6840 | Fax: 204.222.5053  
 Principal: Rachel Reyes | Email: way@retsd.mb.ca | Web: www.way.retsd.mb.ca

## Grade K-5 Registration Cover Sheet

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

<b>Identification provided to the office:</b> 2 pieces of ID with your current address and 1 piece of ID with the child's birthdate.	yes _____	no _____
<b>Is transportation required for your child?</b> (must be 1.6km from school to qualify for free busing)	yes _____	no _____
<b>Does your child have Asthma or require an Epi-Pen</b>	yes _____	no _____
<b>Are there any legal restrictions for this student?</b> (if yes, a copy of the legal documents must be on file at the school)	yes _____	no _____
<b>Is your child registered for the Canterbury Before and After School Program</b> (located in Wayoata School)	yes _____	no _____
<b>Will your child be staying for lunch? (paid program)</b>	yes _____	no _____
<b>Has a sibling attending Wayoata?</b>	yes _____	no _____

**OFFICE USE ONLY:** DATE & TIME RECEIVED: \_\_\_\_\_

PERMISSIONS AND RESTRICTIONS	YES	NO	TYPE OF DOCUMENT
Proof of address - 2 pieces of ID			
Proof of birth (K & out of Div.)			
Legal Restrictions to this child			
Restriction copy on file			

FORMS	YES	NO		YES	NO		YES	NO
URIS given			returned			Original to resource		
Transportation given			returned			Faxed to Trans.		
Lunch given			returned			Payment received		

REGISTRATION ENTRY DATA	COMPLETED
Send copy to resource	
Transfer in/out entered	
Email teacher re. class placement	
Email parent re. class placement/fees	
Register/schedule student	
Send file transfer request form	
Sub folder class list updated	

ASSIGNED HOMEROOM TEACHER: \_\_\_\_\_

CLASSROOM #: \_\_\_\_\_

START DATE: \_\_\_\_\_



## Student Registration ID Requirements

### 1 piece of ID with proof of age

Acceptable documents include:

- Birth Certificate
- Health Card
- Passport
- Baptismal Certificate
- Treaty Card
- Certificate of Birth Registration  
(signed by the Director of Vital Statistics)

AND

### 2 pieces of ID with current address

Acceptable documents include:

- MB Driver's License (or temporary)
- MB Identification Card
- Manitoba Health Card (purple, with address)
- Tenancy agreement (dually signed)
- Offer to purchase documents (dually signed)
- Utility bill (water, hydro)



*A temporary piece of ID will be accepted until a more permanent ID can be provided. This would include:*

- A Bank Statement/Void Cheque stamped by your bank, containing your current address.

These documents are very important and must be presented to complete your child's registration.

If you have any questions, please do not hesitate to contact the school office at 204-958-6840.

# 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: Wayoata Elementary School

Applying for Grade: K 1 2 3 4 5

Usual LAST name: \_\_\_\_\_ Usual FIRST name: \_\_\_\_\_ Usual MIDDLE name: \_\_\_\_\_

Legal LAST name: \_\_\_\_\_ Legal FIRST name: \_\_\_\_\_ Legal MIDDLE name: \_\_\_\_\_

Legal gender:  Male  Female Previous Surname (if applicable): \_\_\_\_\_

Pronouns: \_\_\_\_\_ Identifying gender (if applicable):  Trans male  Trans female  Two-Spirit  Gender non-conforming

Birth date: MM / DD / YYYY Languages spoken at home: \_\_\_\_\_  
Please list primary language first

Home address: \_\_\_\_\_ Box #/Group #/RR #: \_\_\_\_\_  
( Apt. No. / House No. / Street )

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Student home #: \_\_\_\_\_ Emergency contact #: \_\_\_\_\_

Student Manitoba Medical #: Family # (6-digit) \_\_\_\_\_ Personal # (9-digit) \_\_\_\_\_

Last school attended: \_\_\_\_\_ Is the student a high school graduate?  Yes  No

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 (if different than student's): \_\_\_\_\_ Postal code: \_\_\_\_\_

Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_ Ext.: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Has custody of student?  Yes  No Is the Legal guardian?  Yes  No Can pick up student?  Yes  No

# STUDENT REGISTRATION



## 2nd contact

LAST name: \_\_\_\_\_ FIRST name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address (if different than student's): \_\_\_\_\_ Postal code: \_\_\_\_\_

Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_ Ext.: \_\_\_\_\_

Home phone: \_\_\_\_\_ Unlisted?  Cell: \_\_\_\_\_

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

Has custody of student?  Yes  No Is the Legal guardian?  Yes  No Can pick up student?  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 (if different than student's): \_\_\_\_\_ Postal code: \_\_\_\_\_

Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_ Ext.: \_\_\_\_\_

Home phone: \_\_\_\_\_ Unlisted?  Cell: \_\_\_\_\_

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

Has custody of student?  Yes  No Is the Legal guardian?  Yes  No Can pick up student?  Yes  No

Phone number to call in case of emergency: \_\_\_\_\_ Would like parent portal access?  Yes  No

## Daycare/Other Contact/Restricted Contact

This contact is restricted?  Yes  No

LAST name: \_\_\_\_\_ FIRST name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address (if different than student's): \_\_\_\_\_ Postal code: \_\_\_\_\_

Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_ Ext.: \_\_\_\_\_

Home phone: \_\_\_\_\_ Unlisted?  Cell: \_\_\_\_\_

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

Has custody of student?  Yes  No Is the Legal guardian?  Yes  No Can pick up student?  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 pages 2 or 3 are *legal* guardian(s).

NAME/GRADE/SCHOOL

## 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

## 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"/> Dakota                       | <input type="checkbox"/> Michif    |
| <input type="checkbox"/> Ininiw                          | <input type="checkbox"/> Oji-Cree                     | <input type="checkbox"/> Inuktitut |
| <input type="checkbox"/> Dene (Sayisi)                   | <input type="checkbox"/> Other: Please specify: _____ |                                    |

# STUDENT REGISTRATION



## 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**

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

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

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

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

\_\_\_\_\_

2) 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.

## 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 Name: \_\_\_\_\_ Signature: X \_\_\_\_\_

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



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Principal: Rachel Reyes | Email: way@retsd.mb.ca | Web: www.way.retsd.mb.ca

## 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 Wayoata 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 may take them out of the school building. These activities may include, but are not limited to, community walks including to local parks to engage in learning activities for all subject areas as well as for events such as the Terry Fox Walk, Walkathon etc. If public health guidelines permit, students may also be allowed to use the play structures in the public parks.

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

Parent/Guardian Signature: **X** \_\_\_\_\_ Date: \_\_\_\_\_

Effective Date: December 16, 2003  
Amended Date: June 21, 2005; April 17, 2018  
Board Motion(s): 683/03; 349/05; 94/18  
Legal/Cross Reference: IJOA- Out of School Education

Review Date: November 9, 2022

