

REGISTRATION—BERNIE WOLFE COMMUNITY SCHOOL



95 Bournais Dr., Winnipeg, Man., R2C 3Z2, Tel: 204.958.6532, Fax: 667.9871, www.bw.retsd.mb.ca

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____

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

Send additional report card? Yes No This contact is restricted? Yes No

Phone number to call in case of emergency: _____

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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: _____

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: _____

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: _____

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: _____

ABORIGINAL IDENTITY DECLARATION

Aboriginal 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 Aboriginal 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 Aboriginal Identity Declaration for the first time
- Am making changes to my child's Aboriginal Identity Declaration
- Already submitted my child's Aboriginal Identity Declaration and have no further changes to make at this time

Is your child an Aboriginal person, that is, First Nation (North American Indian), Métis or Inuk (Inuit)?
(Note: First Nations (North American Indian) include Status and Non-Status Indians)

If "Yes," check the box(es) that best describe(s) your child now:

- Yes, First Nation (North American Indian)
- Yes, Métis
- Yes, Inuk (Inuit)

Which best describes your child's Aboriginal cultural-linguistic identity? Please select up to two choices:

- Anishinaabe (Ojibway/Saulteaux)
- Ininiw
- Dene (Sayisi)
- Dakota
- Oji-Cree
- Michif
- Inuktitut
- Other: Please specify _____

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. Other intervention Yes No _____
- 17. Oxygen Yes No
- 18. Seizure disorder Yes No
- 19. Steroid dependence Yes No
- 20. Suctioning (A)—tracheal suctioning Yes No
- 21. Suctioning (B)—oral/nasal suctioning Yes No
- 22. Tracheostomy Yes No
- 23. Ventilator Yes No

This medical information is being collected so that appropriate health-care plans may be developed and may be necessary to obtain funding. 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.

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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.



BERNIE WOLFE COMMUNITY SCHOOL

95 Bournais Drive
Winnipeg, Manitoba R2C 3Z2
Phone: 958-6532 Fax: 667-9871

GR. 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 mandates all potentially sensitive outcomes. Parents have the option to choose school based delivery of 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, Parent Handbooks and curriculum materials are available at the school. The school will also host information meetings on the Physical Education/Health Education Curriculum.



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Gr. K-4 PHYSICAL EDUCATION/HEALTH EDUCATION

Parental Options for Potentially Sensitive Content

The Manitoba Education, Citizenship and Youth department of the provincial government has mandated all potentially sensitive outcomes. Please complete either School Based Delivery or Alternate Delivery Form below.

1. School Based Delivery Form

Date _____

(Child's First and Last Name)

(Grade)

has

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)

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)

**COMPUTER USE PERMISSION FORM
KINDERGARTEN TO GRADE 12**

**Computer Use Permission Form
For Students in Kindergarten to Grade 12**

We are pleased to offer students of River East Transcona School Division access to the divisional computer network for electronic mail and Internet. To gain access to email and Internet, all students under the age of 18 must obtain parental permission and must sign and return this form to the school. Students 18 years and over may sign their own forms.

(1) **Internet Safeguards**

Access to email and the Internet will enable students to explore thousands of libraries, databases and bulletin boards while communicating with Internet users throughout the world.

On a global network, it is impossible to restrict access to controversial materials. It is the shared responsibility of the student, parent, teacher and administrator to ensure that access to networks and computers provided by the school system is not abused.

Some material accessible via the Internet might contain items that are illegal, defamatory, inaccurate or potentially offensive to some people. ***The River East Transcona School Division uses an Internet filtering system to minimize access to inappropriate websites (e.g.: pornography).*** While we do everything we can to prevent such access, it is not possible to *guarantee* that students will not accidentally or purposely find inappropriate material. We believe that the benefits to students from access to the Internet, in the form of information resources and opportunities for collaboration, exceed any disadvantages. But ultimately, parents and guardians of minors are responsible for setting and conveying the digital citizenship standards that their children should follow when using media and information sources. To that end, River East Transcona School Division supports and respects each family's decision whether or not to approve computer access.

(2) **Division Internet and Email Rules**

Students are responsible for good behaviour on school computer networks just as they are in a classroom or a school hallway. Communications on the network are often public in nature. General school rules for behaviour and communications apply as does the divisional Code of Conduct.

The network is provided for students to conduct research and communicate with others. Access to network services is given to students who agree to act in a

**COMPUTER USE PERMISSION FORM
KINDERGARTEN TO GRADE 12**

considerate and responsible manner. Parent permission is required. **Access is a privilege – not a right.** Access entails responsibility.

Individual users of the divisional computer networks are responsible for their behaviour and communications over those networks. It is presumed that users will comply with divisional standards and will honour the agreements they have signed. Network administrators shall review files and communications to maintain system integrity and ensure that users are using the system responsibly and in accordance with all applicable policies. Users acknowledge that they have no expectation of privacy in respect of their use of divisional servers or workstations or anything stored on same.

As outlined in board policy, the following are not permitted:

- (a) sending or displaying offensive material;
- (b) sending or displaying violent or pornographic material;
- (c) using obscene language;
- (d) using information and communication technology to harass, insult or attack others (cyber-bullying);
- (e) damaging, altering or reconfiguring computers, computer systems or computer networks;
- (f) accessing, uploading, downloading or distributing material that the school has determined objectionable;
- (g) violating copyright laws;
- (h) using another's password;
- (i) trespassing in another's folders, work or files;
- (j) intentionally wasting any resources or introducing a virus or any destructive data into the network;
- (k) employing the network for commercial or illegal purposes.

Violations of this policy may result in a loss of access, other disciplinary measures, legal action or a demand for financial reimbursement. Violations of this policy may also constitute a violation of the divisional code of conduct and/or user responsibility and/or laws including the Criminal Code.

A copy of the complete policy (IJND – Computer Technology Use) is available at the school upon request or at www.retsd.mb.ca.



**COMPUTER USE PERMISSION FORM
KINDERGARTEN TO GRADE 12**

Parent Permission Section

Computer Use Permission

As a parent or legal guardian of the minor student signing below, I give permission for my son/daughter to have access to:

World Wide Web (*Filtered* Internet Access) Yes No

Individual email Yes No
(For students in grades 3 to 12 only)

Please note:

Parents who indicate “no” on any of the above points need to discuss this decision with their son/daughter.

Parental Responsibility:

I understand that any violation of use policies could result in loss of access, personal payment of costs incurred and possible legal consequences.

Please Initial: _____

I understand that the use of the Internet as part of an educational program is a privilege, not a right, and inappropriate use will result in cancellations of those privileges.

Please Initial: _____

Student Name

Parent Name

School Name

Parent Signature or Student
Signature if 18 years of age
or older.

Homeroom Teacher/Advisor

Date

Grade



**COMPUTER USE PERMISSION FORM
KINDERGARTEN TO GRADE 12**

Student Responsibility and Commitment (Students in Grades 3 to 12, please sign.)

As a user of the River East Transcona School Division computer network, I hereby agree to comply with the divisional computer technology use policy, communicating over the network in a responsible fashion while honouring all relevant laws and restrictions.

Student Name

Student Signature

If this form is completed at kindergarten, it will be applicable until the student enters Grade 3, transfers to another school, or parents indicate a change in permissions.

Effective Date: June 1, 2004 Review Date
June 20, 2006; June 17, 2008;
Amended Date: March 15, 2011; February 21,
2017
Board Motion(s): 372/04; 326/04; 221/08; 70/11;
35/17
Legal/Cross Reference:



589 ROCH STREET, WINNIPEG, MANITOBA R2K 2P7
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Parent Permission Form
Media Coverage, Copyright Permission

From time to time during the school year, the media and/or River East Transcona School Division may be covering school or divisional events. On occasion, while covering these events, students are interviewed and/or still or moving images of them are taken for use by the media or River East Transcona School Division, for example for use in divisional publications or videos, on websites (division, school, teacher websites) or on River East Transcona School Division's Facebook page and/or Twitter site.

Student Identification on Websites

Please be assured that on River East Transcona School Division websites (division, school, teacher websites, Division's Facebook page and/or Twitter site), your child in kindergarten to Grade 8, and their work will be identified by first name only. It is the school division's practice not to include the name of a student in kindergarten to Grade 8 with their image on River East Transcona School Division websites.

Your child in Grade 9 to 12 and their work may be identified by their full name, and their full name may be included with their image, on River East Transcona School Division websites (division, school, teacher websites, Division's Facebook page and/or Twitter site). For example, students on a sports team, in the cast of a drama or a musical ensemble, on a student council or committee, may be identified by their full name, with or without their image.

Student Copyright Permission

A student's work is copyrighted to that student. Permission must be granted by the student, and their parent/guardian if they are a minor, to have their work published by the media or River East Transcona School Division, for example in divisional publications or videos, or on websites (division, school, teacher websites, Division's Facebook page and/or Twitter site).

Please check the appropriate box and sign below:

I give permission for my child to be:

Interviewed for publication by:

School and divisional staff or students (fundraising, newsletters, websites)

Yes No

Media (newspaper, radio, TV)

Yes No

Photographed or to appear on video for publication by:

School and divisional staff or students (fundraising, newsletters, websites)

Yes No

Media (newspaper, radio, TV)

Yes No

River East Transcona School Division's Facebook page and/or Twitter site

Yes No

Copyright:

I give permission for my child's work to be published by the media or the division.

Yes No

Please note:

Parents who indicate "no" on any of the permission items identified in the exhibit need to discuss this decision with their son/daughter, and indicate to the child what actions must be taken in these situations.

Student Name

Parent Name

Parent Signature or Student
Signature if 18 years of age or
older

Date

School Name

Homeroom Teacher/Advisor

Grade

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

Effective Date: June 1, 2004 Policy

June 17, 2008;

Amended Date: December 16, 2008; Regulation

March 15, 2011; January 17,
2012

Board Motion(s): 373/04; 221/08; 392/08; 70/11; ~~Exhibit~~ XXX

9/12

Legal/Cross Reference:



BERNIE WOLFE COMMUNITY SCHOOL

95 Bournais Drive Winnipeg, Manitoba R2C 3Z2
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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 community in which your child will participate in 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 staff of the Bernie Wolfe Community 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 the Terry Fox Walk, Take Pride Manitoba, taking a class to a nearby park, jogging for Phys. Ed. Class, etc.

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 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.

In signing this form I acknowledge receipt of this letter and the information provided therein.

Parental Informed Consent

Student's Name (please print)

Parent/Guardian Signature