

**GRADE 6 (2021-2022)**  
**ARTHUR DAY MIDDLE SCHOOL**  
RIVER EAST TRANSCONA SCHOOL DIVISION  
SCHOOL REGISTRATION APPENDIX

STUDENT'S LEGAL NAME: \_\_\_\_\_  
(Last) (First) (Middle)

**SECTION A: STUDENT COURSE REQUIREMENTS**

- All students will be taking the required courses as set out by the Department of Education and the School Division.
- Students have the option of choosing **BAND** or **ART**. For Band, you ***must*** rent or own an instrument.  
Check one:  **BAND**  **ART**

**SECTION B: PREVIOUS SCHOOLING**

- Last school attended: \_\_\_\_\_ Grade: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_

**SECTION C: ADMINISTRATION OF MEDICATION**

Does your child have any medical needs for the school to be aware of?  
(ie. taking medication at school, asthma, seizures, anaphylaxis, etc.)  YES  NO

If YES, you will be contacted by a staff member for additional information.

Does your child wear or require corrective lenses (glasses or contact lenses)?  YES  NO

Does your child require and/or use devices to facilitate their hearing or have any hearing concerns?  
 YES  NO

Signature (verifying that the above information is true and correct):

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

**NOTE: If any of the above information changes during the year, please send an email to [ad@retsd.mb.ca](mailto:ad@retsd.mb.ca)**

**Please return to your Early Years school by Monday, March 1, 2021**



# 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

**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.





# INSTRUCTIONAL TECHNOLOGY USE FORM

## KINDERGARTEN TO GRADE 12—IJND-E1



We are pleased to provide students of River East Transcona School Division access to computer network and equipment. Unless otherwise indicated, access to the computer network and equipment will be granted to all students.

### 1) SAFEGUARDS

Access to instructional technology services will enable students to engage opportunities to digitally create, collaborate and problem solve as well as explore thousands of libraries, databases and digital resources while communicating with users throughout the world.

It is the shared responsibility of the student, parent and school staff to ensure that access to instructional technology services provided by the school system is appropriate.

***The River East Transcona School Division uses an Internet filtering system to minimize access to inappropriate websites.*** Some material accessible via instructional technology might contain items that are potentially offensive to some people, inaccurate, defamatory or illegal. 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 instructional technology, in the form of information resources and opportunities for digital creation, communication and collaboration, exceed any disadvantages. Ultimately, parents/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 not to approve access to computer information technology.

### 2) DIVISION INSTRUCTIONAL TECHNOLOGY

Students are responsible for their behaviour on school instructional technology tools. Communications on the network can be public in nature. General school rules for behaviour and communications apply as does the divisional Code of Conduct.

Access to instructional technology will enable students to engage in opportunities to digitally create, collaborate and problem solve as well as explore thousands of libraries, databases and other digital resources while communicating with users throughout the world.

Access to instructional technology is given to students to act in a considerate and digitally responsible manner. Access entails responsibility.

Individual users of the instructional technology are responsible for their behaviour and communications using these digital tools. It is presumed that users will comply with divisional standards and will honour the articulated expectations and responsibilities. Network administrators may 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 instructional technology information or anything stored on the same.

As outlined in board policy, users will be responsible for their digital learning by:

- a) Recognizing that instructional technology tools are used for educational purposes;
- b) Understanding the positive and negative effects of what is posted and shared in a digital space;
- c) Keeping an educational focus when collaborating and communicating in digital spaces;

# INSTRUCTIONAL TECHNOLOGY USE FORM

## KINDERGARTEN TO GRADE 12—IJND-E1



- d) Using instructional technology to facilitate and foster positive and meaningful communication and collaboration;
- e) Recognizing that instructional technology tools are often shared devices in schools and treating them in a respectful way is beneficial to the experience of all learners;
- f) Understanding copyright laws and only using online digital resources in a way that is allowable under fair dealing guidelines;
- g) Managing and protecting the safety and security of login credentials and respecting the privacy of the login information of others;
- h) Understanding that the use of my personal technology must not interfere with school work or of the overall learning environment;
- i) Understanding and acting in a manner so as to protect the privacy of myself and others in digital learning spaces;
- j) Recognizing that while my personal electronic device can be a valuable learning tool, River East Transcona School Division will not assume responsibility for the loss, damage, or theft of any personal electronic device.

Any violation of this policy (including but not limited to online threats and intimidation) may result in a loss of access, disciplinary measures, legal action or 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—*Instructional Technology Use*) is available at the school upon request or at [www.retsd.mb.ca](http://www.retsd.mb.ca).

River East Transcona School Division promotes the use of its instructional technology to improve the digital literacy of its users. Every user is expected to adhere to this policy and by accessing instructional technology consents to follow the expectations contained in the policy. All students are expected to adhere to the policy.

# INSTRUCTIONAL TECHNOLOGY USE FORM KINDERGARTEN TO GRADE 12—IJND-E1



If you are electing to “opt out” of the below item, please indicate by checking the appropriate box, signing below and returning the form to the school. No action is necessary if you are not “opting out.”

As a parent or legal guardian of the minor student named below, I do not give permission for my child to have access to:

Instructional technology provided by RETSD

**Please note:**

Parents who indicate “no” need to discuss this decision with their child

\_\_\_\_\_  
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 END OF THE CURRENT SCHOOL YEAR OR WHEN PARENTS INDICATE A CHANGE IN PERMISSION.**



# PARENT PERMISSION FORM

## MEDIA COVERAGE, COPYRIGHT PERMISSION

### —KDDB-E1



From time to time during the school year, school staff, the media and/or River East Transcona School Division may be reporting on 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 school staff, division staff or the media quotes or images may be used by the media or in divisional publications or videos, social media accounts or on websites (division, school staff websites).

#### **Student Identification on Websites**

Please be assured that on River East Transcona School Division publications (division, school, staff websites, and social media accounts), your child in kindergarten to Grade 8, and their work will be identified by first name only.

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 publications (division, school, staff websites and social media accounts).

#### **Student Copyright Permission**

A student's work is copyrighted to that student. Unless otherwise indicated on KDDB-E1—*Parent Permission Form Media Coverage, Copyright Permission* by a parent/guardian or student who has reached the age of 18, it will be permitted for a student's work to be published by the media or River East Transcona School Division.

**PARENT PERMISSION FORM  
MEDIA COVERAGE, COPYRIGHT PERMISSION  
—KDDDB-E1**



*If you are electing to “opt out” of any of the below items, please indicate by checking the appropriate box, signing below and returning the form to the school. No action is necessary if you are not “opting out.”*

**I do not give permission for my child to:**

**Be interviewed for publication by:**

Division, school, staff websites and social media accounts (fundraising, newsletters, websites)

Media (newspaper, radio, TV)

**Be photographed and/or appear on video for publication by:**

Division, school, staff websites and social media accounts (fundraising, newsletters, websites)

Media (newspaper, radio, TV)

**Copyright:**

Have my child’s work published by the media or the division

**Please note:**

Parents who indicate “no” by checking any of the permission items identified in the exhibit need to discuss this decision with their child and indicate to the child what actions they must take 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

\_\_\_\_\_  
Date

**THIS FORM WILL BE APPLICABLE UNTIL THE END OF THE CURRENT SCHOOL YEAR.**



# Arthur Day Middle School

43 Whitehall Blvd. | Winnipeg, MB R2C 0Y3 | Tel: 204.958.6522 | Fax: 204.222.4865

Principal: Mr. T. Holroyd | Vice-principal: Ms. J. Zahaiko

Email: [ad@retsd.mb.ca](mailto:ad@retsd.mb.ca) | Web: [www.ad.retsd.mb.ca](http://www.ad.retsd.mb.ca)

Dear Parent(s)/Guardian(s):

The Grade 6-8 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 grades 6-8, Personal Safety helps students identify safety guidelines to protect themselves in potentially sexually abusive situations and to better understand abusive relationships. Substance Use and Abuse Prevention includes distinguishing between medicinal and non-medicinal substances and their effects on the body. In Human Sexuality, students will learn about the structure and function of the reproductive system, changes in puberty, recognizing the importance of abstinence and responsible decision-making.

Manitoba Education 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 or professional counseling) where the content is in conflict with family, religious or cultural values.

Please complete the form on the reverse side 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 Grades 6 to 8. Choice of school-based delivery or alternate delivery can be changed at any time. Please notify the school in writing to request a change.

Yours truly,

T. Holroyd  
Principal



# Arthur Day Middle School

## GRADE 6-8 PHYSICAL EDUCATION / HEALTH EDUCATION Parental Option for Potentially Sensitive Content

The Manitoba Education, Citizenship and Youth Department of the provincial government has mandated the delivery of all potentially sensitive outcomes. Please check either 'School-Based Delivery' or 'Alternate Delivery' for each topic below.

**School-Based Delivery** indicates you are granting permission for your child to participate in the school-based delivery of the potentially sensitive issues as outlined by the Manitoba Education, Citizenship and Youth curriculum.

**Alternate Delivery** indicates you are assuming the responsibility for an alternative, home-based delivery (home, professional counseling) of the potentially sensitive content for your child where the content is in conflict with family, religious or cultural values.

### Delivery of Potentially Sensitive Content

\_\_\_\_\_  
(Child's Name)

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

<u>Topic</u>	<b>School-Based Delivery</b>		<b>Alternate Delivery</b>
Personal Safety	<input type="checkbox"/>	OR	<input type="checkbox"/>
Substance Use and Abuse Prevention	<input type="checkbox"/>	OR	<input type="checkbox"/>
Human Sexuality	<input type="checkbox"/>	OR	<input type="checkbox"/>

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

\_\_\_\_\_  
Date





# Arthur Day Middle School

43 Whitehall Blvd. | Winnipeg, MB R2C 0Y3 | Tel: 204.958.6522 | Fax: 204.222.4865  
Principal: Mr. T. Holroyd | Vice-principal: Ms. J. Zahaiko  
Email: [ad@retsd.mb.ca](mailto:ad@retsd.mb.ca) | Web: [www.ad.retsd.mb.ca](http://www.ad.retsd.mb.ca)

## PARENTAL INFORMED CONSENT FOR OUT OF SCHOOL ACTIVITIES IN THE LOCAL COMMUNITY GRADES 6-8

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 while attending Arthur Day. 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 Arthur Day Middle 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: jogging for Phys. Ed. classes, cycling, hikes to George Olive Nature Park, hikes to Transcona Community Bioreserve, Water Safety at local pools, Bird's Hill Park, cross-country running meets, Harbourview Recreation Complex and local community green spaces.***

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 to 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.



# Arthur Day Middle School

## 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): \_\_\_\_\_

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

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

\_\_\_\_\_  
Date

## **PARENTAL INFORMED CONSENT FOR AAA SCHOOL ACTIVITIES**

Students in the River East Transcona School Division have opportunities to learn about Aboriginal perspectives and culture through our AAA (Aboriginal Academic Achievement) programming and the provincial curriculum outcomes issued by Manitoba Education. One such learning activity we offer in schools is Smudging.

Smudging is a cultural activity that has been practiced by many Aboriginal nations around the world for centuries. It involves burning dried plant medicine, such as sage, to produce a smoke and aroma which is seen in cultural traditions as a way to remove negative energy and focus ourselves on our learning and create a positive outlook.

We want all students to feel safe and excited about all of their learning experiences and we developed this document to help our community be better prepared for Smudging. Please see the following for the procedures and protocols students can expect when experiencing this cultural activity:

### **Location:**

- An exterior room with door or a window that can be opened to the outside is expected. The use of any other location is at discretion of principal and shall be made in consultation with the Assistant Superintendent.

### **Medicines/Mixtures:**

- The medicines/mixtures shall be milder in nature. We always only use Sage for these student activities.
- The medicines/mixtures will be of a minimal quantity (more can be added as needed)

### **The Students/Participants:**

- Explicit parental permission is required for participation
- General information shall be provided to the broader school population as determined necessary by the school principal (i.e.: if this is a newer offering at the school)
- Students will always have the option to pass and can still be a part of the circle and experiential learning.
- Students will have the option to join the sharing circle at a later juncture if the student has concerns regarding the smoke or aroma

### **Strategies to mitigate smoke and aroma for indoor circles:**

- The room being used for the smudge will have the door closed at all times
- The room being used for the smudge shall have the exterior door or window open to allow for ventilation
- Fire doors in the adjacent hallways shall be closed
- Classrooms in nearby areas will have their doors closed
- Upon completion of the smudge, any residual medicines/mixtures shall be placed in a tin with a lid and placed outside the school if possible.

## ***Informed Consent for Participating in a Smudging Cultural Activity***

**Name of Student (please print):** \_\_\_\_\_

- I / We, the undersigned, hereby acknowledge that certain risks of injury are inherent in the participation in sports, recreational activities and other off-school site programs. These types of injuries may be minor or serious.
- I / We understand that, in case of emergency medical or hospital services being required by the above-listed participant, and with the understanding that every reasonable effort will be made by the school/hospital to contact me, my signature on this form authorizes the board, through its employees, agents, and officers, [to] secure such medical advice and services as they deem necessary for my child's health and safety, and that I shall be financially responsible for such advice and services.
- I / We understand that the Rules and Regulations pertaining to this activity are designed for the safety and protection of participants
- I / We acknowledge my right to obtain as much information as I require about this program or activity and associated risks and hazards, including information beyond that provided to me by the school.
- I / We acknowledge that it is my responsibility to advise the school of any medical and/or health concerns of my child that may affect his/her participation in the stated program or activity.
- I / We understand that the choice to participate brings with the individual the ASSUMPTION OF RISK which is part of those activities.
- 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.

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

\_\_\_\_\_  
*Date*

In order for your child to participate in this event, this signed consent form must be received at the school before the event.