

# REGISTRATION—ÉCOLE CENTRALE



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## 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: \_\_\_\_\_  
*Upon registration, Parent Portal login information will be provided by the school.*

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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: \_\_\_\_\_ 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: \_\_\_\_\_

## 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)?  
*(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 Indigenous 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  | <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.

## 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.