

# REGISTRATION—HAROLD HATCHER ELEMENTARY SCHOOL



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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.

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











**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 ( <i>Filtered</i> Internet Access)         | Yes | <input type="radio"/> | No | <input type="radio"/> |
| Individual email<br>(For students in grades 3 to 12 only) | Yes | <input type="radio"/> | No | <input type="radio"/> |

**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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Homeroom Teacher/Advisor

\_\_\_\_\_  
Grade



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





