

# STUDENT REGISTRATION



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## 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

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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.





# JOSEPH TERES SCHOOL

131 Sanford Fleming Rd. Winnipeg, MB, R2C 5B8 Tel: 204-958-6860

## 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 Joseph Teres 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 taking a class to a nearby park, jogging for Phys. Ed. Class and walks in the community.

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 wellbeing of students is a prime concern and every effort is made 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 it 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 from must be received at the school.

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

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

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

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

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



## 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). In addition, all student email messages are sent through a content filter, which scans for obscene or threatening language.*** 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 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.

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 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 storage areas may be treated like school lockers. Network administrators may review files and communications to maintain system integrity and ensure that users are using the system responsibly. Users should not expect that files stored on divisional servers or workstations would always be private. 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 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 purposes.

Violations of this policy may result in a loss of access, other disciplinary measures, legal action or a demand for financial reimbursement.

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

## 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>( <i>Filtered</i> access and 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 prosecution.

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

**This form 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

Policy



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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:



## JOSEPH TERES SCHOOL

131 Sanford Fleming Rd. Winnipeg, MB, R2C 5B8 Tel: 204-958-6860

### **5-8 PHYSICAL EDUCATION / HEALTH EDUCATION**

#### **Parental Option for Potentially Sensitive Content**

The Grade 5-8 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 5-8, 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, as well as 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.

The Manitoba Education, Citizenship and Youth department of the provincial government 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, 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 Grade 5 to Grade 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.

If you require more information, River East School Division Parent Handbooks are available for keep from school administration. Curriculum materials are also available for loan from the school library. As well, questions pertaining to this curriculum can be made by asking your child's teacher or school administration.

## 5-8 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.

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### Delivery of Potentially Sensitive Content

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Child's first and last name)

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

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

\_\_\_\_\_  
(Parent / Guardian Signature)



# TRANSPORTATION APPLICATION (FORM A)



Complete Parts A and B and return the completed form to the class teacher or principal.

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

## PART A

Student name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Mailing address: \_\_\_\_\_

City/town: \_\_\_\_\_ Postal code: \_\_\_\_\_

## PART B

School bus transportation is requested for the above named student.

Living at: \_\_\_\_\_ Phone: \_\_\_\_\_

Babysitter address (if applicable): \_\_\_\_\_ Phone: \_\_\_\_\_

Student attends: \_\_\_\_\_ Grade: \_\_\_\_\_ Student #: \_\_\_\_\_

\_\_\_\_\_  
Parent/student signature

Check appropriate box:

- |  |   |
|--|---|
| <input type="checkbox"/> Student attending French immersion                    | <input type="checkbox"/> Student attending regular academic program |
| <input type="checkbox"/> Student attending English-German Bilingual Program    | <input type="checkbox"/> Student attending EAL                      |
| <input type="checkbox"/> Student attending English-Ukrainian Bilingual Program | <input type="checkbox"/> Student attending vocational program       |
| <input type="checkbox"/> Student attending International Baccalaureate         | Vocation/course: _____  |
| <input type="checkbox"/> Student attending Advanced Placement                  | Time: _____   |

\_\_\_\_\_  
Principal signature

**Any changes relating to the information contained in this form must be reported to the transportation department immediately.** Questions should be directed to the transportation department at 204.669.0202.

## RELEVANT MEDICAL INFORMATION

Please check if your child has any conditions that could require intervention during transportation:

- |   |   |
|---|---|
| <input type="checkbox"/> Life-threatening allergy to: _____ | <input type="checkbox"/> Seizure disorder               |
| <input type="checkbox"/> Diabetes                           | <input type="checkbox"/> Other (please indicate): _____ |

## FOR DEPARTMENT USE ONLY

Request approved: \_\_\_\_\_ Pickup bus: \_\_\_\_\_

Request denied: \_\_\_\_\_ Transfer to: \_\_\_\_\_

Transfer bus: \_\_\_\_\_

Take home bus: \_\_\_\_\_

Authorized: \_\_\_\_\_

\_\_\_\_\_  
Date

