



KILDONAN-EAST COLLEGIATE APPLICATION

STUDENT NAME: _____
(Please print first & last name)

GRADE: _____

DOCUMENTS REQUIRED WITH REGISTRATION:

Proof of Residency of Legal Guardian (2 pieces):

- ┆ Manitoba Driver's Licence
- ┆ Manitoba Health Card (verified)
- ┆ Utility Bill (Name and corresponding address)
- ┆ Tenancy Agreement (duly signed)
- ┆ Offer to purchase documents (completed – signatures)

Guardianship (if applicable):

- ┆ Court documents (Interim and/or Final Order, Variance Orders may also be applicable)
- ┆ Voluntary Placement Agreement (VPA)
- ┆ Child in Care form (**also serves as proof of residency**)

Proof of Age (For students who are new to the division):

- ┆ Birth Certificate
- ┆ Baptismal Certificate
- ┆ Passport
- ┆ Treaty Card
- ┆ Certificate of Birth registration, signed by Director of Vital Statistics

School Records and additional information:

- ┆ Transcript (most recent transcript)
- ┆ Technology Education Program Questionnaire (**if applying for a tech. ed program and do not reside in the catchment area**)

Date Received: _____ Initial: _____

OFFICE USE ONLY

Processed on: _____

- | | | |
|--|---|---|
| <input type="checkbox"/> RE | <input type="checkbox"/> TECH ED. (blue form) | <input type="checkbox"/> EAL |
| <input type="checkbox"/> In Catchment | <input type="checkbox"/> Out of Catchment | <input type="checkbox"/> Out of Division |
| <input type="checkbox"/> Accepted: Yes | <input type="checkbox"/> Accepted: No | <input type="checkbox"/> entered/assigned |

Assigned to: _____

Additional notes:

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.

**KILDONAN-EAST COLLEGIATE
2019-2020 GRADE 10 REGISTRATION FORM**

Name: _____ TEACHER ADVISOR: _____

Compulsory Course Selection: All Grade 10 students are to complete credits in English, Math, Science, Geography and Physical Education.

Circle the appropriate course:

ENGLISH
E20F English Language Arts 20F E20FPA English Language Arts 20F Pre-Advanced
MATH
M20SE Essential Mathematics 20S M20SI Introduction to Applied and Pre-Calculus Mathematics 20S

SCIENCE
S20F Science 20F
GEOGRAPHY
G20F Geographic Issues of the 21st Century 20F

PHYS ED.
PEH20F Physical Education/ Health Education 20F

Option Course Selection: Circle your course choices in boxes below, according to the following instructions:

- Students in the Academic Program choose 3 courses from list below.
- Students in the Technology Education Program choose a minimum of 2 exploratory courses (EX) and 1 other option.
- Students majoring in Hairstyling must choose the four courses in the Hairstyling major column.
- Students may take more than one of the 20S Math courses.

APPLIED COMMERCE
C20SE Entrepreneurship 20S C30SVD Venture Development 30S C30SAE Accounting Essentials 30S

AUTO TECHNOLOGY (Tech Ed.)
AT20SASS (EX) Automotive Systems and Services 20S

BAKING & PASTRY ARTS (must take both) (Tech Ed.)
BP20SI (EX) Intro to Baking and Pastry Arts 20S BP30SBCDP (EX) Quick Breads, Cookies, Donuts & Pies 30S

CAREER DEVELOPMENT
LWP20S Life/Work Planning 20S

CARPENTRY (Tech Ed.)
CP20SCF (EX) Carpentry Fundamentals 20S

COLLISION REPAIR & REFINISHING TECHNOLOGY (Tech Ed.)
CR20SICR (EX) Introduction to Collision Repair & Refinishing Tech 20S

COMPUTER
CS20S Computer Science 20S

CULINARY ARTS – must take both (Tech Ed.)
CA20SCP (EX) Cooking Principles 20S HH20SDRS Dining Room Skills 20S

DANCE/DRAMA/MUSIC/ VISUAL ARTS
DAN20S Dance 1A, Dance 20S DR20S Drama 1A, Drama 20S DRTP20S Drama 4A, Theatre Practicum 20S MUCB20S Music 1A, Concert Band 20S MUCC20S Music: Choral 20S MUG10S Music 3A, Guitar 10S MUG20S Music 3A, Guitar 20S MUJB20S Music 4A, Jazz Band 20S* MUJ20S Music 5A, Vocal Jazz 20S** MUMP20S Music 7A, Music Production 20S VART20S Visual Arts 20S * Must be enrolled in Concert Band ** Must be enrolled in Choral

ELECTRICAL TRADES TECH (Tech Ed.)
ETT20SI (EX) Introduction to Electrical Trades Technology 20S

FRENCH
F20F French: Communication & Culture 20F

GRAPHIC DESIGN (Tech Ed.)
GD20SFGD (EX) Fundamentals of Graphic Design 20S

HAIRSTYLING (Option) (must take both)
HS20SBH (EX) Basic Hairstyling 20S HS20SI (EX) Intro to Hairstyling 20S

HAIRSTYLING (Major) (must take all 4)
HS20SI Intro to Hairstyling 20S HS20SBH Basic Hairstyling 20S HS20SBHC Basic Hair Cutting and Thermal Styling 20S HS20SRSS Related Salon Services 20S

INTERACTIVE DIGITAL MEDIA (Tech Ed.)
DM20SIDM Introduction to Interactive Digital Media

MATHEMATICS
M30SP Pre-Calculus Mathematics 30S

PHOTOGRAPHY (Tech Ed.)
PH20SPE (EX) Introduction to Photography 20S

REFRIGERATION & AIR CONDITIONING (Tech Ed.)
RA20SI (EX) Introduction to Refrigeration & Air Conditioning 20S

SOCIAL SCIENCES
HEC20SFS Family Studies 20F

SPANISH
SP20F Spanish 20F

GRADE 9 CORES (if incomplete)
E10F English Language Arts 10F M10F Mathematics 10F S10F Science 10F CCW10F Canada in the Contemporary World 10F PEH10F Physical Education/Health Education 10F

It is recommended that Grade 10 students attend Summer School for courses that are not completed by June.

Student: _____ Counsellor: _____

Date: _____ Parent e-mail: _____

KILDONAN - EAST COLLEGIATE

845 Concordia Avenue • Winnipeg, MB R2K 2M6 • Telephone (204) 667-2960 • Fax (204) 667-1203 • www.kec.retsd.mb.ca

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 Kildonan-East Collegiate 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 fitness walking and winter activities in Physical Education Classes.

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 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 to not 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): _____

Teacher Advisor: _____

Parent/Guardian Signature

Date

Principal:

D. F. MacFarlane

Vice-Principals:

C. Colorado
J. Hoddinott
D. Martineau



589 ROCH STREET, WINNIPEG, MANITOBA R2K 2P7
P 204.667.7130 F 204.661.5618 www.retsd.mb.ca

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 June 17, 2008; December 16, 2008;	Policy
Amended Date:	March 15, 2011; January 17, 2012	Regulation
Board Motion(s):	373/04; 221/08; 392/08; 70/11; 9/12	Exhibit XXX
Legal/Cross Reference:		

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.

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
(*Filtered* access and 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 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
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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
Amended Date:	June 20, 2006; June 17, 2008	Regulation
	March 15, 2011	
Board Motion(s):	372/04; 326/04; 221/08; 70/11	Exhibit XXX
Legal/Cross Reference:		

CONSENT FOR EXCHANGE OF INFORMATION

I, _____
(parent/guardian's name)

give consent for the **River East Transcona School Division** to receive and/or give information about

_____ (child's full name)

_____ (child's birth date)

- Information may concern this child's speech, language, intellectual, emotional and social development and educational, psychiatric, hearing or health needs.
- Information may be exchanged in written or spoken form.

This information may be received from and/or given to:

_____ (Name/Agency)

_____ (Address) _____ (Postal Code)

This information will be used for:

_____ (purpose)

Information received by the division will be kept in a confidential file and be seen only by those people working on behalf of this child.

It is my choice to give consent. I understand that I may withdraw this consent at any time by notifying the division in writing.

Signature of parent/guardian

Date

Witness

Date

Telephone Consent: This consent form was discussed with the parent/guardian who verbally consented to exchange of information.

Name: (please print) _____

Signature: _____

Date: _____