

STUDENT NAME: _____

(Please print First Name & Last Name)

DOCUMENTS REQUIRED WITH REGISTRATION:

Proof of Residency of legal guardian: (2 pieces required)

- Driver's Licence
- Manitoba Health Card (Address reviewed _____ Med#'s _____)
- Utility Bill (Name and corresponding address)
- Tenancy agreement (duly signed)
- Offer to purchase documents (completed – signatures)

School Records and additional information (required)

- Transcripts of Marks or Report Card (if current grade 8 student)
- Attendance Profile
- IB Questionnaire (if registering for IB)

School of choice form (if applicable):

- In Division/Out of Designated school boundary
- Out of Division/District

Guardianship (if applicable):

- Court documents (Interim and/or Final Order, Variance Orders may also be applicable)
- Voluntary Placement Agreement (VPA)
- Child in Care form

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

REGISTRATIONS ACCEPTED:

In Division and Out of Designated School Boundary registrations accepted on or after March 2, 2020

Out of Division/District registrations accepted on or after May 1, 2020

OFFICE USE ONLY

RECEIVED: _____

RE FI IB IB & FI EAL

In Catchment Out of Catchment Out of Division

YES NO PENDING

Grade: _____ Admin: _____

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: **Miles Macdonell Collegiate**

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.



Miles Macdonell Collegiate

2020 - 2021 Grade 9 course selection

STUDENT NAME: _____

Please print clearly (First Name & Last Name)

INSTRUCTIONS:

1. Please check off the appropriate program
2. Please number option courses from 1 - 4

<input type="radio"/>	REGULAR PROGRAM												
	<table style="width: 100%;"> <tr> <td style="width: 50%;">English Language Arts 10F</td> <td style="width: 50%;">Science 10F</td> </tr> <tr> <td>Mathematics 10F</td> <td>Canada in the Contemporary World 10F</td> </tr> <tr> <td>Physical Education/Health Education 10F</td> <td>* 3 option courses will be scheduled</td> </tr> </table>	English Language Arts 10F	Science 10F	Mathematics 10F	Canada in the Contemporary World 10F	Physical Education/Health Education 10F	* 3 option courses will be scheduled						
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Mathematics 10F	Canada in the Contemporary World 10F												
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<input type="radio"/>	FRENCH IMMERSION PROGRAM												
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Mathematics 10F PB	ONE OF:												
Physical Education/Health Education 10F	<input type="checkbox"/> French 10F												
Canada in the Contemporary World 10F	<input type="checkbox"/> Japanese/Spanish 15G												
Science 10F													
Skills for Academic Success (Reading is Thinking)	* 1 option course will be scheduled												
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OPTION COURSES

Choose four (4) option courses from the following list. Please list these in order of priority: Number one (1) being your first choice and number four (4) being your alternate or your last choice.

**** Concert Choir and Jazz Band may be offered outside the timetable (lunch time) making them available in addition to the timetabled courses. If selecting one of these options, please select an additional option.

<input type="checkbox"/> Computer Science 20S	<input type="checkbox"/> French 10F
<input type="checkbox"/> Dance 1A, Dance 10S	<input type="checkbox"/> Japanese/Spanish 15G
<input type="checkbox"/> Dance 1A, Danse 10S FI	<input type="checkbox"/> Music 1A, Concert Band 10S
<input type="checkbox"/> Digital Media Design: (Print Comm.& Broadcast Media)	<input type="checkbox"/> Music 2A, Concert Choir 10S ****
<input type="checkbox"/> Drafting Design Technology 10G	<input type="checkbox"/> Music 4A, Jazz Band 10S ****
<input type="checkbox"/> Drama 1A, Drama 10S	<input type="checkbox"/> Skills for Academic Success (Reading is Thinking)
<input type="checkbox"/> Family Studies 10S	<input type="checkbox"/> Visual Arts 1A, Visual Art 10S
<input type="checkbox"/> Food & Nutrition 10S	<input type="checkbox"/> Visual Arts 1A, Arts visuels 10S FI

** EAL PROGRAM ONLY - TO BE ASSESSED BY MILES MACDONELL **	
<input type="checkbox"/> EAL 11G /21G / 31G /41G	<input type="checkbox"/> Literacy, Academics and Language
<input type="checkbox"/> EAL Transition 21G	<input type="checkbox"/> LAL Numeracy Phase (LAL)
<input type="checkbox"/> Canada in the Contemporary World 10E	<input type="checkbox"/> Life/Work Planning 20E
<input type="checkbox"/> Geographic Issues 20E	<input type="checkbox"/> Science 10E
<input type="checkbox"/> History of Canada 30E	<input type="checkbox"/> Science 20E
<input type="checkbox"/> Inquiry/Study in Lang. & Litrt. - SIC 21G	

Date: _____ Parent/Guardian: _____

**COMPUTER USE PERMISSION FORM
KINDERGARTEN TO GRADE 12**

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).*** 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 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 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 as does the divisional Code of Conduct.

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

**COMPUTER USE PERMISSION FORM
KINDERGARTEN TO GRADE 12**

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 administrators shall 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 divisional servers or workstations or anything stored on same.

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, altering or reconfiguring 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 or illegal purposes.

Violations of this policy may result in a loss of access, other disciplinary measures, legal action or a demand for 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 – Computer Technology Use) is available at the school upon request or at www.retsd.mb.ca.



**COMPUTER USE PERMISSION FORM
KINDERGARTEN TO GRADE 12**

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

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



**COMPUTER USE PERMISSION FORM
KINDERGARTEN TO GRADE 12**

Student Responsibility and Commitment

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 transfers to another school, or parents indicate a change in permissions.

Effective Date: June 1, 2004
June 20, 2006; June 17, 2008;
Amended Date: March 15, 2011; February 21,
2017; October 15, 2019
Board Motion(s): 372/04; 326/04; 221/08; 70/11;
35/17; 232/19
Legal/Cross Reference:

Review Date



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	<input type="radio"/>	No	<input type="radio"/>
Media (newspaper, radio, TV)	Yes	<input type="radio"/>	No	<input type="radio"/>

Photographed or to appear on video for publication by:

School and divisional staff or students (fundraising, newsletters, websites)	Yes	<input type="radio"/>	No	<input type="radio"/>
Media (newspaper, radio, TV)	Yes	<input type="radio"/>	No	<input type="radio"/>
River East Transcona School Division's Facebook page and/or Twitter site	Yes	<input type="radio"/>	No.	<input type="radio"/>

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;	Policy
Amended Date:	December 16, 2008; 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:		

Grade 9 and 10 PHYSICAL EDUCATION / HEALTH EDUCATION

The Grade 9 and 10 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 9-10, 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 gender identity, 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.

The Miles Macdonell Collegiate physical and health education teachers have received training from the division and community agencies to ensure delivery of content with respect, sensitivity and thoughtfulness.

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 9 and Grade 10. 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, Parent Handbooks and curriculum materials are available at the school.

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.

If you choose for your child to participate in the Alternate Delivery model, your son/daughter will be required to complete a research project during this instructional period.

Delivery of Potentially Sensitive Content

_____	_____	_____
(Date)	(Child's first and last name)	(Grade)
Topic	School Based Delivery	Alternate Delivery
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)



Miles Macdonell Collegiate

757 Roch St. | Winnipeg, MB R2K 2R1 | Tel: 204.667.1103 | Fax: 204.654.3803

Principal: Mr. J. Muller | Vice-principal: Ms. M. Williams | Vice-principal: Ms. B. Frith

Email: miles@retsd.mb.ca | Web: www.miles.retsd.mb.ca

PARENTAL INFORMED CONSENT FOR OUT OF SCHOOL ACTIVITIES IN THE LOCAL COMMUNITY 2020-2021

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 Miles Macdonell 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, events and/or field trips such as: the YMCA-YWCA, bowling alleys, elementary schools, etc.

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 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.

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): _____

Parent/Guardian Signature

Date

PARENTAL INFORMED CONSENT FOR IAA SCHOOL ACTIVITIES

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

Smudging is a cultural activity that has been practiced by many Indigenous 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 a door or a window that can be opened to the outside is expected. The use of any other location is at the discretion of the 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 quality (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 to be 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 will 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 advices 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 these 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 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.