

# REGISTRATION—NEIL CAMPBELL SCHOOL



845 Golspie St., Winnipeg, Man., R2K 2V5, Tel: 204.661.2848, Fax: 204.668.9291, www.nc.retsd.mb.ca

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/ 17 2018  
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.

# REGISTRATION—NEIL CAMPBELL 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: \_\_\_\_\_

## ABORIGINAL IDENTITY DECLARATION

Aboriginal 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 Aboriginal 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 Aboriginal Identity Declaration for the first time
- Am making changes to my child's Aboriginal Identity Declaration
- Already submitted my child's Aboriginal Identity Declaration and have no further changes to make at this time

Is your child an Aboriginal person, that is, First Nation (North American Indian), Métis or Inuk (Inuit)?  
*(Note: First Nations (North American Indian) include Status and Non-Status Indians)*

If "Yes," check the box(es) that best describe(s) your child now:

- Yes, First Nation (North American Indian)
- Yes, Métis
- Yes, Inuk (Inuit)

Which best describes your child's Aboriginal cultural-linguistic identity? Please select up to two choices:

- Anishinaabe (Ojibway/Saulteaux)
- Ininiw
- Dene (Sayisi)
- Dakota
- Oji-Cree
- Michif
- Inuktitut
- Other: Please specify \_\_\_\_\_

## MEDICAL QUESTIONNAIRE

Please complete the following (specify yes if physician-diagnosed)

1. Anaphylaxis  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. Other intervention  Yes  No \_\_\_\_\_
17. Oxygen  Yes  No
18. Seizure disorder  Yes  No
19. Steroid dependence  Yes  No
20. Suctioning (A)—tracheal suctioning  Yes  No
21. Suctioning (B)—oral/nasal suctioning  Yes  No
22. Tracheostomy  Yes  No
23. Ventilator  Yes  No

This medical information is being collected so that appropriate health-care plans may be developed and may be necessary to obtain funding. 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.

# REGISTRATION—NEIL CAMPBELL SCHOOL



## 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.

## 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 ( <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
Amended Date:	June 20, 2006; June 17, 2008 March 15, 2011	Regulation
Board Motion(s):	372/04; 326/04; 221/08; 70/11	Exhibit <span style="background-color: #cccccc;">XXX</span>
Legal/Cross Reference:		



**MEDIA COVERAGE,  
COPYRIGHT PERMISSION FORM**

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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).



**MEDIA COVERAGE,  
COPYRIGHT PERMISSION FORM**

**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 <span style="background-color: #cccccc;">XXX</span>
Legal/Cross Reference:		

## K-4 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 Form

My child \_\_\_\_\_ has  
Child's name (1<sup>st</sup> and last) grade

my/our permission to participate in the school based delivery of the Potentially Sensitive issues as outlined by the Manitoba Education, Citizenship and Youth curriculum.

\_\_\_\_\_  
(parent/guardian signature) Date

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#### Alternative Delivery Form

I assume the responsibility for an alternative, home based delivery (home, professional counselling) of the potentially sensitive content for my child where the content is in conflict with family, religious or cultural values.

\_\_\_\_\_  
Child's name (1<sup>st</sup> and last) Date

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

# 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 counselling) 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

<hr/>		<hr/>	
Child's Name (1 <sup>st</sup> and last)		Grade	
TOPIC	SCHOOL BASED DELIVERY	ALTERNATE DELIVERY	
Personal Safety	<input type="checkbox"/>	<input type="checkbox"/>	
Substance Use & Abuse Prevention	<input type="checkbox"/>	<input type="checkbox"/>	
Human Sexuality	<input type="checkbox"/>	<input type="checkbox"/>	
<hr/>		<hr/>	
Parent/Guardian Signature		Date	

# NEIL CAMPBELL ELEMENTARY SCHOOL CUSTODY FORM

The school must be aware of custody arrangements for our students. Please assist us by completing the following information for our files. This information is confidential and will be treated as such.

Student's Name

**Please complete "Section A" OR "Section B"**

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## SECTION A

No special custody arrangements apply. Separation or Divorce arrangements do not apply.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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## SECTION B

Separation or divorce conditions apply as follows:

1. **Custody:** **\*\*PLEASE PROVIDE AN UP TO DATE COPY OF LEGAL DOCUMENTATION TO THE SCHOOL**

\_\_\_\_\_ has custody of the child.  
Mother's Name

\_\_\_\_\_ has custody of the child.  
Father's Name

Joint custody applies. Parents' names are as follows:

\_\_\_\_\_  
Father's Name

\_\_\_\_\_  
Mother's Name

\_\_\_\_\_ has primary care and control.

Other (please specify):  
\_\_\_\_\_

2. **Restraints:**

Please indicate if any legal restraints on either parent are in place and provide the school with a photocopy of any legal restraining documents. **PLEASE UPDATE THESE DOCUMENTS WHEN CHANGES OCCUR.**

Legal restraints apply as follows (please specify):  
\_\_\_\_\_

Legal restraints do not apply.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Thank you for your assistance.

Mr. G. Hector  
Principal