



RIVER EAST COLLEGIATE REGISTRATION INFORMATION 2022-2023 – GRADE 12

Please take note of the following information:

The River East Transcona School Division Board Office requires schools to acquire the following documents for registration of new students:

Proof of Residency: 2 of the following required

- Driver's License
- Manitoba Health Card
- Tenancy agreement (duly signed)
- Offer to purchase documents (completed-signatures)
- Utility bill (name and corresponding address)

Guardianship

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

Proof of Age

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

Additionally, River East Collegiate will only consider a registration form to be completed when it includes the **student's most recent transcript and attendance record**.

Once all required documents have been gathered and handed in, the registration process will be initiated.

TECHNOLOGY USE AND MEDIA COVERAGE INFORMATION

RETSd has two policies regarding instructional technology use (policy IJND) and media coverage, copyright permission (policy KDDb) Both of these divisional policies can be found at www.retsd.mb.ca for further reading. Parents/guardians are assumed to be in agreement of both of these policies; forms to "opt out" of either the use of instructional technology or media coverage and copyright permission can be found on our divisional website, signed, and returned to the school if this is not the case

Collection of a registration is not a guarantee of acceptance at River East Collegiate.

RIVER EAST COLLEGIATE 2022-2023

Grade 12 Course Registration Form

(Please print) Student's Name: _____ Teacher Advisor Name: _____

Below are the compulsory courses for Grades 12. Review your transcript to ensure you sign up for the appropriate grade level courses required for graduation. Please refer to the 2022-2023 Course Selection Guide for a list of course descriptions.

ENGLISH

- E30SCF - ELA: Comprehensive Focus 30S
- E30SLF - ELA: Literary Focus 30S
- E30STF - ELA: Transactional Focus 30S

- E30STF - ELA: Transactional Focus 30S **and**
- HC30S - Canadian History 30S

- E40SLFPA - English: Advanced Literary Focus 40S **and**
- APE42SLI - English: Literature & Composition AP 42S (2 credits)

- E40SCF - ELA: Comprehensive Focus 40S
- E40SLT - ELA: Literary Focus 40S
- E40STF - ELA: Transactional Focus 40S

PHYSICAL EDUCATION

- PE30HF - Physical Education 30F - Regular
- PEH30FWW – Lifetime Wellness
- PEH30FPF – Introduction to Fitness
- PEH30FALT – ELITE Football or Volleyball Academy

- PEH40HF – Physical Education - Regular
- PEH40FWW – Lifetime Wellness
- PEH40FPF – Advanced Fitness
- PEH40FALT – ELITE Football or Volleyball Academy

MATHEMATICS

- M30SA - Mathematics: Applied 30S
- M30SE - Mathematics: Essential 30S
- M30SP - Mathematics: Pre-Calculus 30S

- M40SA - Mathematics: Applied 40S
- M40SE - Mathematics: Essential 40S
- M40SP - Mathematics: Pre-Calculus 40S
- APM42SA - Calculus (AB) AP 42S

SOCIAL SCIENCES and GEOGRAPHY

- H30F - History of Canada 30F

- HC30S - Canadian History 30S **and**
- E30STF - ELA: Transactional Focus 30S

GERMAN BILINGUAL STUDENTS MUST TAKE

- DE20G - Deutsch 20G **and**
- G20GG - Geographie (German) 20G

- APDEU32S - Deutsch AP 32S **and**
- GI40SG - Global Issues: Citizenship & Sustainability 40E (in German)

- APDEU42S – DEUTSCH AP 42S

Grade 12 Optional Courses. Grade 12 students may register for a total of 6 courses or the number of courses required for graduation.

SOCIAL SCIENCES and GEOGRAPHY

- H40SWC - History: Western Civilization 40S
- CTF40S - Current Topics in FNMI Studies 40S
- GI40S - Global Issues: Citizenship & Sustainability 40S

- PSY40S - Psychology 40S

SCIENCE

- S30S - Current Topics in the Sciences 30S

- B30S - Biology 30S
- APB32S - Biology AP 32S
- C30S - Chemistry 30S
- APC32S - Chemistry AP 32S
- P30S - Physics 30S
- APP32SC - Physics C AP 32S

- B40S - Biology 40S
- APB42S - Biology AP 42S
- C40S - Chemistry 40S
- AP42S - Chemistry AP 42S
- P40S - Physics 40S
- APP42S1 - Physics 1AP 42S

- APE42S - AP Environmental Science 42S

BUSINESS AND TECHNOLOGY

- C30SAE - Accounting Essentials 30S

- LWB30S - Life/Work Building 30S **and**
- CDI30G - Career Development 30G

- C30SRP - Retailing Perspectives 30S
- C30SVD - Venture Development 30S

- C40SAS - Accounting Systems 40S
- C40SBMT - Business Management 40S
- BL40S - Canadian Law 40S
- C40SEP - Economic Principles 40S

- LWT – 40S - Life/Work Transition 40S **and**
- CDI40G - Career Development 40G

COMPUTER SCIENCE

- CS30S - Computer Science 30S

- CS40S - Computer Science 40S
- CS40SPA - Computer Science Honours 40SPA (grade11)
- APCS42SA - Computer Science A – AP 42S
- APCSP42S - Computer Science Principles 42S

COMPUTER and INFORMATION SYSTEMS TECHNOLOGY

→ TE30SE&E - Electricity/Electronics Technology 30S

→ IM35S - Interactive Media 35S **and**
→ BM35S - Broadcast Media 35S

→ DP35S - Desktop Publishing 35S **and**
→ DCA35S - Data Collection and Analysis 35S

→ WD35S - Web Design 35S **and**
→ IW35S - Interactive Websites 35S

→ AN35S - 2D Animation 35S **and**
→ 3DM35S - 3D Modeling 35S

→ TE40SAT - Applied Technology 40S

→ TE40SE&E - Electricity/Electronics Technology 40S

→ TE40SGRC - Graphic Communication Technology 40S

CREATIVE ARTS

→ DAN1A30S - Dance 1A, Dance 30S

→ DR30S - Drama 1A, Drama 30S

→ MUCB30S - Music 1A, Concert Band 30S

→ MUCC30S - Music 2A, Concert Choir 30S

→ MUG30S - Music 3A, Guitar 30S

→ MUMP30S - Music 7A, Music Production 30S

→ VART30S - Visual Arts 1A, Visual Art 30S

→ VART2A30S - Visual Arts 2A, Canadian Indigenous Art 30S

→ DAN1A40S - Dance 1A, Dance 40S

→ DR40S - Drama 1A, Drama 40S

→ MUCB40S - Music 1A, Concert Band 40S

→ MUCC40S - Music 2A, Concert Choir 40S

→ MUG40S - Music 3A, Guitar 40S

→ MUMP40S - Music 7A, Music Production 40S

→ VART40S - Visual Arts 1A, Visual Art 40S

ATTENTION:

- If you would like to register for additional courses, please list them on an Additional Course Request form.
- Post-secondary requirements are different from graduation requirements. Please refer to the Course Selection Guide for requirements or see one of the Guidance Counsellors.

Date of Application: _____ Signature of Student: _____

Signature of Parent/Guardian: _____ Teacher Advisor Signature: _____

STUDENT FEES (\$50.00)

HUMAN ECOLOGY

→ HEC30SFS - Family Studies 30S

→ HEC35SFN - Food and Nutrition 35S **and**

→ HEC35STAD - Textile Arts and Design 35S

→ HEC30SFN - Food and Nutrition 30S

→ HEC40SFS - Family Studies 40S

→ HEC40SFN - Food and Nutrition 40S

MODERN LANGUAGES

→ F30S - French 30S: Communication and Culture 30S

→ SP30S4YR - Spanish 30S

→ F40S - French 40S: Communication and Culture 40S

→ SP40S4YR - Spanish 40S

WOODWORK TECHNOLOGY

→ TE30SWOO - Woodwork Technology 30S

→ TE40SWOO - Woodwork Technology 40S

STUDENT REGISTRATION REC-Grade 12 - 2022-2023



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/ 22 20 23

School name: RIVER EAST 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.



River East Collegiate

295 Sutton Ave. | Winnipeg, MB R2G OT1 | Tel: 204.338.4611 | Fax: 204.338.9515 Principal:
Ms. S. Dzuba | Vice-Principal: Mr. L. Klassen | Vice-Principal: Mr. C. McDonald Email:
rec@retsd.mb.ca | Web: www.rec.retsd.ca

September 2022

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 River 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 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.

I / We understand and acknowledge that my / our child may suffer personal and potentially serious injury due to an unforeseeable event associated with participation in sports, recreational activities and other off-school site programs, and voluntarily assume the risk of injury inherent in the sport, recreational activity or other off-school site program.

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 advice 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 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

Effective Date: December 16, 2003
June 21, 2005; April 17, 2018
Amended Date:
Board Motion(s): 683/03; 349/05; 94/18
Legal/Cross Reference: IJOA- Out of School Education
Review Date: