



MAPLE LEAF ELEMENTARY SCHOOL

225 12th Street Morden, Manitoba, Canada R6M 1Z3
www.westernsdmb.ca/mapleleaf

Principal: Ms. Cindy Dick
Vice Principal: Mrs. Carla Wiebe
Vice Principal: M. Andrei Mardli

Phone: (204) 822-4458
Fax: (204) 822-5491

January 2024

Dear Parents/Guardians,

Welcome to the Maple Leaf Elementary School Community. We are looking forward to an exciting year of learning with your child! We hope to form a strong home and school relationship with you to help make your child's years at Maple Leaf nurturing, exciting, and fulfilling.

The first step to entering school is to register your child for Kindergarten. We will start accepting registrations on Friday, January 19th. If you have any difficulties with the forms, please feel free to contact our office at 204-822-4458 or email our office – mloff@westernsd.mb.ca. We hope to receive most registrations during the week of January 22-26, 2024. If you have any difficulties completing the forms, please feel free to contact the school office for assistance (204-822-4458).

Morning or afternoon kindergarten placement is not guaranteed. If you have a compelling reason for one or the other, please provide a written request with an explanation at the time of registration. Likewise, if you feel that your child has any special requirements for school, please inform us as early as possible. We will do our best to provide reasonable accommodations for such requests whenever possible.

A copy of your child's birth certificate (or alternate documentation that includes legal name and birthdate) should be included with the registration form. If you are a permanent resident in Canada or have arrived in Canada with a student/visitor visa, we also require a copy of this documentation. Please email these documents to mloff@westernsd.mb.ca or stop in at the office and we can copy it for you.

1. **To submit the registration form online:** Click [online registration form](#).
2. **To download and/or print a complete registration package:** [download registration package](#) and click on Kindergarten registration 2024-2025. Paper copies will be available for pick-up at the Kindergarten Information session on January 18th and at the office beginning on January 19th.
3. **Bus Transportation:** The [transportation request](#) is only required for those students who qualify for and require bussing service (rural students and those who live more than 1.6 km walking distance from school). If you would prefer a paper copy of this form, please let us know.
4. **French Immersion:** All students registering for French Immersion will attend École Discovery Trails beginning in September 2024. All inquiries regarding French Immersion should be directed to Western School Division (204-822-4448) or email edtoff@westernsd.mb.ca.
5. **School of Choice (if applicable):** If you wish your child to attend a different school than the school in your catchment area, you will need to apply for school of choice (SOC). A copy of the school division's catchment area map is attached for your reference. For the 2024-25 school year, school of choice

requests will only be accepted for Maple Leaf Elementary School and Minnewasta School. No school of choice requests will be accepted for École Discovery Trails (English Program) for the 2024-25 or 2025-26 school years.

School of choice forms are available on our [school website](#). Your child's completed registration form, legal ID & school of choice forms must be submitted to the school office within your catchment area **by May 15, 2024**. A decision to accept or deny a school of choice request will be made by the school administration team after May 15, 2024 and you will be notified of that decision.

6. **Public Health:** Check [here](#) for the recommended immunizations for children 4-6 years old.
7. **Eye Examinations:** We recommend that you make an appointment with an optometrist prior to the start of school to have your child's eye health checked. Please complete the "[Eye See...Eye Learn](#)" children's eye exam form. You will need to take this form with you to the eye appointment.

In the spring, you will receive more information about our Kindergarten orientation process including an invitation to visit the school and complete a kindergarten readiness assessment with one of our kindergarten resource teachers.

Once again, we extend a warm welcome to you and your child. We assure you that we will do our very best to provide your child with rich and rewarding educational experiences, and we look forward to having your family join our school community.

Yours truly,



Cindy Dick,
Principal



STUDENT REGISTRATION FORM

Office Use Only

School to attend:	<input type="text"/>	Program:	<input type="text"/>
Grade:	<input type="text"/>	Copy of Birth Cert. rec'd:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Teacher:	<input type="text"/>	MET Number:	<input type="text"/> - <input type="text"/> - <input type="text"/>
Resident of Western School Division:	<input type="checkbox"/> YES <input type="checkbox"/> NO	First Day of School:	<input type="text"/> Month <input type="text"/> Day <input type="text"/> Year
If NO, Name of Home School Division:	<input type="text"/>		
	<input type="checkbox"/> YES <input type="checkbox"/> NO	If NO, School of Choice Form Completed:	<input type="checkbox"/> YES <input type="checkbox"/> NO

STUDENT INFORMATION

Student's Legal Last Name			
Student's Legal First Name		Date of Birth:	
		Month Day Year	
Student's Legal Middle Name(s)		Gender:	
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/prefer not to disclose	
Usual Name (if different from legal first name)		Current or Expected Grade Level:	
Primary Home Address			
Street / Mailing Address		City	Province Postal Code
Alternate Home Address (if shared custody)			
Street / Mailing Address		City	Province Postal Code
Rural Address (rural students only)			
Quarter	Section	Township	Range Civic Address Road Number
Previous School & Address			
School Name		Address	City Province Postal Code
Primary Phone Number (with area code)		Student's Cellular Phone Number - Optional (with area code)	

CITIZENSHIP

<input type="checkbox"/> Canadian Citizen	<input type="checkbox"/> Other Visa	Language(s) Spoken at Home:
<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Landed Immigrant	
<input type="checkbox"/> Student Visa	<input type="checkbox"/> Refugee Status	
If not a Canadian Citizen, Date of Entry into Canada:		Country of Origin:
Month Day Year		

PARENT / LEGALGUARDIAN INFORMATION

PARENT/GUARDIAN 1		PARENT/GUARDIAN 2	
Last Name		Last Name	
First Name		First Name	
Relationship to Student	<input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: _____	Relationship to Student	<input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: _____
Address, if different from student		Address, if different from student	
Home Phone (if different from student)	Business Phone	Home Phone (if different from student)	Business Phone
Cell Phone	e-mail address	Cell Phone	e-mail address
Employer		Employer	

Custody: (check one) <input type="checkbox"/> Joint <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian
Lives with: (check one) <input type="checkbox"/> Mother/Father <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____
Please indicate if the school should be aware of any court order for the protection of the student. <input type="checkbox"/> Yes <input type="checkbox"/> No
Note: If YES, please make an appointment to discuss the situation with school administration. You will need to supply documentation

CFS Involvement <input type="checkbox"/> Yes <input type="checkbox"/> No If No, do not complete the remainder of this section	Name of Agency
Name of Worker	Phone Number of Worker
Foster Parent's Name(s)	Foster Parent's Phone Number(s)

MEDICAL INFORMATION

Family Registration Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Personal Health Identification Number (PHIN) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Doctor's name	Doctors Phone Number
Health Problems <input type="checkbox"/> Yes <input type="checkbox"/> No	MedicAlert ID Number (if applicable)
If Yes, please explain:	

INDIGENOUS 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 as it is necessary for and relates directly to the activity of Manitoba and school divisions to plan, deliver and improve programs.)	
1. I, _____, (name of parent/guardian, please print clearly):	
<input type="checkbox"/> Am submitting my child's Aboriginal Identity Declaration for the first time. <input type="checkbox"/> Am making changes to my child's Aboriginal Identity Declaration. <input type="checkbox"/> Already submitted my child's Aboriginal Identity Declaration and have no further changes to make at this time.	
2. Is your child an Aboriginal person, that is, First Nation (North American Indian), Métis, or Inuk (Inuit)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Note: First Nations (North American Indian) include Status and Non-Status Indians	
If "Yes", mark the square(s) that best describe(s) your child now:	
<input type="checkbox"/> Yes, First Nation (North American Indian) <input type="checkbox"/> Yes, Métis <input type="checkbox"/> Yes, Inuk (Inuit)	
3. Which best describes your child's Aboriginal cultural-linguistic identity? Please select up to two choices:	
<input type="checkbox"/> Anishinaabe (Ojibway/Saulteaux) <input type="checkbox"/> Ininiw (Cree) <input type="checkbox"/> Dene (Sayisi) <input type="checkbox"/> Dakota	<input type="checkbox"/> Oji-Cree <input type="checkbox"/> Michif <input type="checkbox"/> Inuktitut <input type="checkbox"/> Other-please specify: _____

EMERGENCY CONTACTS

Name and phone numbers of a TOWN friend or relative that could be contacted in case of illness or emergency when parents/guardians are not available.

EMERGENCY CONTACT 1	
Last Name	
First Name	
Relationship to Student	Home Phone
Cell Phone	Business Phone
e-mail address	

EMERGENCY CONTACT 2	
Last Name	
First Name	
Relationship to Student	Home Phone
Cell Phone	Business Phone
e-mail address	

RURAL STUDENTS ONLY

It is imperative that we have a name & phone number of a friend or relative residing within city limits where your child will stay if the busses do not run.

First Name(s)	Last Name
Address	Home Phone
Cell Phone	Work Phone
e-mail address	

SIBLINGS

Name	Date of Birth			Grade
	Month	Day	Year	

Name	Date of Birth			Grade
	Month	Day	Year	

Signature of Parent/Guardian 1

Signature of Parent/Guardian 2

Date
Month Day Year

This personal information, or personal health information, is being collected under the authority of Western School Division and will be used for educational purposes or to ensure the health and safety of the student. It is protected by the Protection of Privacy provisions of the Freedom of Information and Protection of Privacy Act and the Personal Health Information Act. If you have any questions about the collection, contact the Western School Division Access and Privacy Coordinator at 204-822-4448.



January 2024

Dear Parent/Guardian,

Upon entering Kindergarten, your child is due for his/her school entry immunizations. Immunization has saved more lives in Canada in the last 50 years than any other medical intervention. Immunizations help your immune system to recognize and fight bacteria and viruses that cause diseases.

Manitoba Health's recommended immunizations for children 4-6 years include the following:

- MMRV vaccine (Measles, Mumps, Rubella, Varicella)
- Tdap-IPV vaccine (Tetanus, Diphtheria, Pertussis, Polio)

Immunizations in Manitoba are voluntary and only given with the consent of the parent or legal guardian.

These immunizations can be given free of charge by your family doctor or by a Public Health Nurse at the Child Health Clinics. The Child Health Clinics are located at Boundary Trails Health Centre. Please call 204-331-8841 if you wish to make an appointment.

The role of the Public Health Nurse in schools is to act as a resource linking schools to information and resources, provide school-based immunizations in designated grades as per Manitoba Health's schedule (<https://www.gov.mb.ca/health/publichealth/cdc/div/schedules.html>), and follow-up on reportable communicable diseases.

Here are some resources you may find helpful as a parent:

- Manitoba Health's Communicable Disease Control website:
Find topics such as Lice, Mumps, Pertussis, Lyme Disease, and vaccination
<https://www.gov.mb.ca/health/publichealth/cdc/index.html>
- Immunize Canada:
Up-to-date information on immunizations
<https://immunize.ca/>
- Caring for Kids:
Information for parents from the Canadian Paediatric Society
<https://www.caringforkids.cps.ca>
- The Attachment Network of Manitoba/Parenting resources:
10 things your school aged child wants you to know https://attachmentnetwork.ca/wp-content/uploads/2020/10/Child_English_HIGH.pdf

Please feel free to contact a local Public Health Nurse at **204-331-8841** if you have any concerns or for more information.

Sincerely,

Lisa Thiessen
Public Health Nurse

January 2024

WESTERN
School Division
Morden, Manitoba

*"Rooted In Caring;
Committed to Learning"*



Unit 4 – 75 Thornhill Street
Morden, Manitoba
Canada R6M 1P2

Phone (204) 822-4448

Fax (204) 822-4262

E-mail: divoff@westernsd.mb.ca
www.westernsd.mb.ca

Dear Parents/Guardians,

As part of our commitment to provide the best opportunities for students to achieve success, Western School Division is pleased to support the **Eye See...Eye Learn**® program. This program was developed by the Alberta Association of Optometrists with support from the Government of Alberta and Alberta Education and has now been successfully implemented in many Canadian provinces.

Eye See...Eye Learn® is based on research that confirms the importance of vision and eye health on students' success in learning. According to statistics provided by the Canadian Association of Optometrists, four out of every ten school-aged children have a vision problem that may negatively affect learning. Children may not reach their full potential if they can't see the board clearly, focus on a picture, or follow words in a book. As well, early diagnosis can prevent future or more complex vision problems.

Manitoba Health covers the cost of children's eye exams; however, less than twenty percent of children access this service before they begin school. Western School Division recognizes the important link between eye health and learning and recommends comprehensive eye health examinations for all children entering kindergarten.

When your child sees the optometrist, please ask them to complete the enclosed form. Two copies will be returned to you by the optometrist: the yellow copy should be given to your child's teacher; and the pink copy can be kept by you or given to your family doctor.

If you don't currently have a family optometrist, you can find one by going to the MAO website at www.optometrists.mb.ca and selecting *Find an Optometrist*, or by calling the Manitoba Association of Optometrists at 204-943-9811.

Sincerely,

A handwritten signature in blue ink that reads "Carla Wiebe". The signature is written in a cursive style.

Carla Wiebe

Student Services Administrator



Eye See...Eye Learn[®]

an MAO children's vision program

Dear Parent/Guardian:

Starting school is an exciting time for kids. It's also an ideal time to take your child for a thorough eye examination.

Surprisingly, one in five children entering school has a vision disorder. Many of these children accept poor vision and other eye problems because they are unaware that their vision is not the same as that of other children. If left unchecked, serious long-term effects can result.

Since 80% of a child's learning is based on vision, excellent sight and eye health are critical to doing well in school.

Ensure your child isn't hindered in learning, play or how they look at the world. Please make an eye exam a regular part of your child's overall health care.

The Manitoba Association of Optometrists is part of a national vision program *Eye See...Eye Learn[®]*. The Association is working to get the message out to parents that ALL children should have a thorough eye examination by an optometrist before they enter school. Eye exams are covered by Manitoba Health for children under 19 years of age!

To locate an optometrist close to you, go to the MAO website at www.optometrists.mb.ca and select *Find an Optometrist*, or call the Manitoba Association of Optometrists at **204-943-9811**.

Sincerely,

Your Manitoba Optometrists

An important message for parents of children entering the school system:

Vision directly affects how a child learns.

80% of a child's learning is based on vision.

One in five children entering school has a vision disorder.

Reading, learning and behavior problems can be related to undetected vision problems.

Why are kids not getting an eye exam?

Parents may think their children's vision is OK if they don't complain, or if they've successfully completed a vision screening. However, screenings are limited – they do not assess near vision ability, eye health, and how well the eyes work together as a team.

Our school and healthcare systems don't insist children have an eye exam, but they should. In some jurisdictions, eye exams before school entry are mandatory.

Parents might assume that if they have good eyes, their children must too. It doesn't always work that way. Why not book an eye exam and be sure?

Why not wait until my child is a little older?

The wiring between the eyes and the brain develops in the first 5 years of life. If a child has an eye problem, it will respond best if treated when young. Some eye problems can't be corrected as well if you wait until age 8 or 10. Eye exams are child friendly – your child does not need to know his/her alphabet in order to have an accurate exam. Most three year old children can complete a thorough eye exam easily! **Book an appointment before your child starts school.**

To find an optometrist near you, go to www.optometrists.mb.ca and select *Find an Optometrist*, or call the Manitoba Association of Optometrists at 204-943-9811.

Eye See...Eye Learn®





The white copy is kept by the optometrist, the yellow copy is to be returned to the school, and the pink copy is for the family or family physician - La copie blanche est pour l'optométriste, la jaune pour l'école et la rose est pour la famille ou le médecin de famille

Please use ballpoint pen and press firmly - Veuillez utiliser un stylo bille et appuyer fermement

IDENTIFYING INFORMATION - RENSEIGNEMENTS D'IDENTIFICATION

Student Name (Last, First) - Nom de l'étudiant (nom, prénom) _____ Name of School - Nom de l'école _____

Year of Birth - Année de naissance _____ Grade - Classe _____ Classroom Teacher - Enseignant _____

CASE HISTORY - ANTÉCÉDENT

Ocular History - Antécédents oculaires Normal Positive for - Positif pour: _____

Medical History - Antécédents médicaux Normal Positive for - Positif pour: _____

Family History - Antécédents familiaux: _____

Unaided Acuity
Acuité sans correction OD 20 / ____ OS 20 / ____
Best Corrected
Meilleure acuité visuelle OD 20 / ____ OS 20 / ____

Binocular Vision:
Vision binoculaire: Normal - Normale Abnormal - Anormale

Details - Détails: _____

DIAGNOSIS - DIAGNOSTIC

Normal Myopia - Myopie Hyperopia - Hypermétropie Astigmatism - Astigmatisme Strabismus - Strabisme Amblyopia - Amblyopie

Colour Vision - Perception visuelle des couleurs Normal Colour Deficient - Déficient Further Testing Required - Tests supplémentaires requis

Depth Perception - Perception de la profondeur Present - Présent Further Testing Required - Tests supplémentaires requis

Other - Autre: _____
Please provide information on issues that may affect reading and learning - Veuillez donner l'information sur les problèmes qui pourraient influencer la lecture ou l'apprentissage

RECOMMENDATIONS - RECOMMANDATIONS

1. Corrective Lenses - Lentilles ophtalmiques: No - Non Yes - Oui

Glasses should be worn for - Les lunettes doivent être portées pour:

Constant Wear - Port régulier Near Vision - Vision de près Far Vision - Vision de loin May be Removed for Physical Education - Peuvent être ôtés pour l'éducation physique

2. Preferential seating recommended: No - Non Yes - Oui
Place préférentielle recommandée au sein de la classe: _____ Commentaires: _____

3. Recommended re-examination: 3 months mois 6 months mois 12 months mois Other: Autre: _____

Date of Exam: _____
Date de l'examen: _____

Print Name: _____
Nom en lettres moulées: _____
Optometrist - Optométriste

Address: _____
Adresse: _____

Signature: _____
Optometrist - Optométriste

Consent of Parent or Guardian - Consentement du parent ou du gardien

I agree to release this information on my child/ward to the appropriate school, health authorities and **Eye See...Eye Learn[®]** program - J'accepte que les présents renseignements concernant mon enfant/pupille soient transmis à l'école, aux autorités sanitaires et au programme **Eye See...Eye Learn[®]**

(Parent's/Guardian's Signature - Signature des parents/gardiens)

Is this my child's first eye exam? Yes No
Premier examen oculaire pour mon enfant? Oui Non

To find an optometrist - Pour trouver un optométriste: www.mb-opto.ca/find-an-optometrist

If you have any questions regarding this form, please contact the Manitoba Association of Optometrists
Si vous avez des questions concernant ce formulaire, veuillez communiquer avec l'Association des optométristes du Manitoba

204-943-9811 ♦ mao@mb-opto.ca ♦ www.mb-opto.ca

Optometrists' Offices: FAX this form to the Manitoba Association of Optometrists at 204-943-1208

This section to be completed by the Optometrist - Cette section doit être complétée par l'optométriste