

# PARKSIDE HIGH SCHOOL

## Grade 9 Course Selection Sheet

### 2008 - 2009

Student Name: \_\_\_\_\_  
(Please Print) Last Name First Name

Elementary School: \_\_\_\_\_

**Compulsory Courses**

Make **one** selection from each subject area by placing a check mark (✓) in the appropriate level.

	Student / Parent Selection		Elementary School Recommendations		
	Academic	Applied	Academic	Applied	Locally Developed
English					
French					GLS101
Geography					N/A
Math					
Science					
Phys. Ed.	Female / Male				

**Optional Courses**

Choose **two** courses and place a check mark (✓) in the appropriate box.

Art	
Business	
Computer Applications	
Design & Technology	
Individual & Family Living	
Music	



\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Elementary School Signature

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

Office Use Only Entered in Computer: _____ Initial & Date: _____
--

**GRADE NINE REGISTRATION  
2008 2009**

LEGAL LAST NAME: \_\_\_\_\_

LEGAL GIVEN NAMES: \_\_\_\_\_  
(Legal names will be printed on all class lists, report cards, etc. as per Ministry Guidelines)

Preferred Given Name \_\_\_\_\_  
(eg. Anthony prefers Tony or Amanda prefers Mandi or you use your middle name)

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Proof of Address: \_\_\_\_\_ Out of Catchment: Yes \_\_\_\_\_ No \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_

Phone #: \_\_\_\_\_ Birthdate: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Male Female  
Day / Month / Year (circle one)

Proof of Age: Birth Certificate \_\_\_\_\_ Baptismal Certificate \_\_\_\_\_ Birth Reg. \_\_\_\_\_ Other \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent /Guardian Email: \_\_\_\_\_

Custody: Mother \_\_\_\_\_ Father \_\_\_\_\_ Joint \_\_\_\_\_ Copy of Custody Documentation for OSR: Yes \_\_\_\_\_ No \_\_\_\_\_

Lives With: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Ontario Health Card #: \_\_\_\_\_

Do you have any medical, allergy, (*including anaphylactic reaction\**) or dietary conditions?  
(\*further paperwork required)

No  Yes If yes, please specify:

Emergency Contact (if parent/guardian cannot be reached)

Call 1<sup>st</sup>: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Call 2<sup>nd</sup>: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Citizenship Status: \_\_\_\_\_ Canadian Citizen \_\_\_\_\_ First language Spoken: \_\_\_\_\_ English  
\_\_\_\_\_ Permanent Resident \_\_\_\_\_ French  
\_\_\_\_\_ Student Visa \_\_\_\_\_ Other

Date of Entry to Canada: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Day Month Year

Copy of Immigration Documentation for OSR: Yes \_\_\_\_\_ No \_\_\_\_\_

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

\_\_\_\_\_  
Date