

PLEASE COMPLETE ALL SECTIONS AND PRINT CLEARLY

**STUDENT / ADDRESS INFORMATION**

Legal Last Name: <i>(as indicated on a legal document)</i>	Legal Given Name & Middle Initial:
Used Surname:	Used Given Name:
Date of Birth: _____ <i>Year/month/day</i>	Telephone: _____ Unlisted
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Listed <input type="checkbox"/>
Apt./Unit:	Street Name & No.:
City:	Postal Code:

**CUSTODY INFORMATION**

Who do you live with? **Parents**  **Guardian**  **Other**  **Mother**  **Father**

➤ Provide First & Last name(s): \_\_\_\_\_

➤ Indicate who has Custody: **Joint**  **Mother**  **Father**  **Guardian**  **Other**

Do you have involvement with any agency? *(e.g: Children's Aid)* **Yes**  **No**

➤ Please provide name of agency: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

In the event of an emergency, please provide the first and last names of **two** people that we may contact during the school day: *(indicate whether telephone number is home, cell, or business)*

Name of Emergency Contact	Relationship to Student	Daytime Telephone No. <i>(include area code)</i>
		Home <input type="checkbox"/> Business <input type="checkbox"/> Cell <input type="checkbox"/>
		Home <input type="checkbox"/> Business <input type="checkbox"/> Cell <input type="checkbox"/>

**MEDICAL INFORMATION**

Family Doctor's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Ontario Health Card Number *(10 digits followed by 2 letters)* \_\_\_\_\_

Do you have any medical, allergy, or dietary conditions to be observed? **Yes**  **No**  *(If yes, please list below)*

**STATUS IN CANADA**

What is your Status in Canada? *(Please indicate your status with an X in the appropriate box)*

- |  |  |
|--|--|
| <input type="checkbox"/> Awaiting Refugee Status | <input type="checkbox"/> Canadian Citizen  |
| <input type="checkbox"/> Native Ancestry         | <input type="checkbox"/> Permanent Resident under the Immigration Act                            |
| <input type="checkbox"/> Visa Student            | <input type="checkbox"/> In Canada under the authority of another Visa under the Immigration Act |
|  | <input type="checkbox"/> Refugee   |

What country were you born in? \_\_\_\_\_

What is your country of Citizenship? \_\_\_\_\_

If you were not born in Canada, when did you arrive in Canada? **Year:** \_\_\_\_\_ **Month:** \_\_\_\_\_

What is your first language spoken in the home? \_\_\_\_\_

**Please Affix a Label for:**

- Student Name
- HWDSB Student Number
- OEN

# Sherwood Secondary School

GRADE 9 – COURSE SELECTIONS – 2009 / 2010

**SURNAME:** \_\_\_\_\_  
(please print clearly)

**FIRST NAME:** \_\_\_\_\_  
(please print clearly)

**COURSE SELECTIONS:** Record your selections using the course's **3 - DIGIT NUMBER** in the space provided.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_ 7. \_\_\_\_\_ 8. \_\_\_\_\_

REQUIRED COURSES (choose **6** "Required" courses at the appropriate level)

SUBJECT	ACADEMIC	APPLIED	ELEMENTARY RECOMMENDATIONS
➤ English	<input type="checkbox"/> ENG1D1 130	<input type="checkbox"/> ENG1P1 131	<input type="checkbox"/> ENG1D1 <input type="checkbox"/> ENG1P1
➤ French	<input type="checkbox"/> FSF1D1 150	<input type="checkbox"/> FSF1P1 151	<input type="checkbox"/> FSF1D1 <input type="checkbox"/> FSF1P1
➤ Geography	<input type="checkbox"/> CGC1D1 120	<input type="checkbox"/> CGC1P1 121	<input type="checkbox"/> CGC1D1 <input type="checkbox"/> CGC1P1
➤ Math	<input type="checkbox"/> MPM1D1 160	<input type="checkbox"/> MFM1P1 161	<input type="checkbox"/> MPM1D1 <input type="checkbox"/> MFM1P1
➤ Science	<input type="checkbox"/> SNC1D1 170	<input type="checkbox"/> SNC1P1 171	<input type="checkbox"/> SNC1D1 <input type="checkbox"/> SNC1P1
➤ Health & Phys. Ed. <i>Female</i> <i>Male</i> <i>Co-ed Hockey – 2.0 credits = 2 courses</i> <i>Soccer</i> <i>Volleyball</i>			<input type="checkbox"/> PPL1O1F 142 <input type="checkbox"/> PPL1O1M 143 <input type="checkbox"/> PPL1O1H & <input type="checkbox"/> HIF1O1H 140/141 <input type="checkbox"/> PPL1O1S 144 <input type="checkbox"/> PPL1O1V 145

OPTIONAL COURSES (choose **2** "Optional" courses)

SUBJECT	OPEN
➤ Drama	<input type="checkbox"/> ADA1O1 100
➤ Individual & Family Living	<input type="checkbox"/> HIF1O1 180
➤ Exploring Technologies	<input type="checkbox"/> TIJ1O1 190
➤ Information & Communication Technology	<input type="checkbox"/> BTT1O1 110
➤ Visual Arts	<input type="checkbox"/> AVI1O1 103
➤ Music	<i>Beginner</i> <input type="checkbox"/> AMU1O1B 101 <i>Experienced</i> <input type="checkbox"/> AMU1O1E 102

*Please indicate your **FIRST** and **SECOND** choices for the courses you would **most** like to have semester #1.*

1. \_\_\_\_\_

2. \_\_\_\_\_

Students must select 8 courses in total

### ADMINISTRATIVE USE ONLY

If students require L.D.C.C., please complete a Student Success Transition Attachment Form :  ENG1L1 133     MAT1L1 162     SNC1L1 172

**Indicate with an **X** if identified "Exceptional"**

- Gifted
- Learning Disability
- Specific Identification: \_\_\_\_\_

**Indicate with an **X** if Required**

- Literacy Remediation: ⇨     Rap Tutor English
- French Exempt
- At-Risk Status (complete Student Success Transition Attachment Form)

\_\_\_\_\_  
*Grade 8 Teacher's signature*

\_\_\_\_\_  
*Principal's signature*

\_\_\_\_\_  
*Date*

*By checking the Consent to Photograph box below, I agree that my child's/children's photograph or image can be used in future promotional and/or informational brochures; posters; newsletters; media information; yearbooks; web pages; videos and advertisements for the Hamilton-Wentworth District School Board.*

**Consent to photograph**

\_\_\_\_\_  
*Parent / Guardian signature*

\_\_\_\_\_  
*Date*

