



Waterdown District High School

215 Parkside Drive, Waterdown, ON L0R 2H0
(905) 689-6692 www.hwdsb.on.ca/waterdown

STUDENT REGISTRATION ~ GRADE 9

PLEASE COMPLETE ALL SECTIONS AND PRINT CLEARLY

A. STUDENT INFORMATION – *proof of birth date is required.*

1. Legal Surname (*as indicated on a legal document*): _____

2. Legal First Name: _____ Middle Name(s): _____ Gender: _____

3. Used Surname: _____

4. Preferred First Name: _____

5. Date of Birth: _____ Year: _____ Month: _____ Day: _____

6. Telephone _____ Unlisted Cell: _____

7. Do you have any involvement with any agency? (e.g. Children's Aid).
Please indicate name of agency: _____

8. Who do you live with? Parents Mother Father Guardian Self

9. Custody: Joint Mother Father Guardian N/A Copy of Custody Documentation for OSR? Yes No

10. Father/Guardian's Name: _____
Home Phone # (if different from above): _____ Work Phone #: _____
Cell #: _____ E-mail: _____
Mother/Guardian's Name: _____
Home Phone # (if different from above): _____ Work Phone #: _____
Cell #: _____ E-mail: _____

B. ADDRESS INFORMATION

11. Apt./Unit: _____ Street No. & Name: _____ City: _____ Postal Code: _____

12. Mailing Address if different than above: _____

13. Out of Catchment: No _____ Yes _____ Catchment School: _____
Out of Catchment application form must be attached.

C. ALTERNATE EMERGENCY CONTACT INFORMATION – *you must complete this section* ***(NOTE: Parents/Legal Guardians will be contacted first in an emergency situation.)***

14. Name of Emergency Contact	Relationship to Student	Home #: _____ Business #: _____ Cell #: _____
Name of Emergency Contact	Relationship to Student	Home #: _____ Business #: _____ Cell #: _____

D. MEDICAL INFORMATION – *must be completed in the event of an emergency or hospitalization.*

15. OHIP # (10 digits followed by 2 letters): _____

16. Family Physician's Name: _____ Phone #: _____

17. Do you have any medical, allergy, or dietary conditions? No Yes
If yes, please indicate: _____

Please turn over →

D. MEDICAL INFORMATION cont...

18. Does the student have an Epi Pen? Yes No
19. Does the student have an Asthma Inhaler? Yes No

IT IS THE STUDENT/PARENT(S) RESPONSIBILITY TO ENSURE THAT EPI PENS/INHALERS ARE FUNCTIONAL AND READILY AVAILABLE.

E. SCHOOL HISTORY – please complete all questions.

20. Last school attended: Allan A. Greenleaf Balaclava Flamborough Centre
Other Name of school: _____
City/Town: _____ Prov.: _____ Postal Code: _____

21. Home Schooled? Yes No
22. Have you ever been suspended or expelled from school? Yes No
23. Are you currently under suspension and being recommended for expulsion? Yes No
24. Are you an identified student? Yes No
Were you enrolled in a special class? Yes No
25. Do you have and IEP, Resource Support or EA Support: IEP Resource Support EA Support

F. STATUS IN CANADA – immigration documents are necessary for non-Canadians

26. What is your status in Canada? Canadian Citizen Refugee Awaiting Refugee Status Native Ancestry
 Visa Student Permanent Resident under the Immigration Act Documentation Provided
27. What is your country of citizenship?
28. What country were you born in?
29. What country did you enter Canada from?
30. If you were **not** born in Canada, when did you arrive in Canada? Year: _____ Month: _____
31. What is your first language spoken in the home?

I certify that I am the parent or legal guardian of the above student or am an adult student and that the above information is correct. False information may jeopardize your registration.

In accordance with the Municipal Freedom of Information Act, 1989, I consent to have the above student's photo used in board or school publications. Yes No

Name: _____ Signature: _____ Date: _____

Return this OPTION SHEET and ACTIVITY FEE of \$25* (by cheque only - payable to W.D.H.S.) to your Elementary School Principal by Friday, February 15, 2008

Information Night at Waterdown District High School for parents and students will take place
Wednesday, February 6, 2008
Open house 6:30 – 7:15, Presentation 7:15 in the Cafeteria

*In September you will receive a Student Handbook Planner and a Student Card, necessary for library access and to participate in school sponsored activities.

THE GRADE NINE PROGRAM CONSISTS OF:

- | | |
|---|---|
| 1 English | 1 Mathematics |
| 1 Core French | 1 Science |
| 1 Geography of Canada | 1 Arts Credit (choice of Dramatic Arts, Music, Visual Arts) |
| 1 Healthy Active Living Education
(Physical Education) | 1 Elective (choice of Computer Applications,
or Integrated Technologies) |

Indicate your choice with an "X" when selecting either **Academic, Applied or Locally Developed** courses or a combination of Academic, Applied and Locally Developed courses in:

Parent/Student Choice

Elementary School Recommendation

	Academic	Applied	Locally Developed	Academic	Applied	Locally Developed
English	<input type="checkbox"/> ENG1D1	<input type="checkbox"/> ENG1P1	<input type="checkbox"/> ENG1L1	<input type="checkbox"/> ENG1D1	<input type="checkbox"/> ENG1P1	<input type="checkbox"/> ENG1L1
Core French	<input type="checkbox"/> FSF1D1	<input type="checkbox"/> FSF1P1	N/A	<input type="checkbox"/> FSF1D1	<input type="checkbox"/> FSF1P1	N/A
Geography of Canada	<input type="checkbox"/> CGC1D1	<input type="checkbox"/> CGC1P1	N/A	<input type="checkbox"/> CGC1D1	<input type="checkbox"/> CGC1P1	N/A
Mathematics	<input type="checkbox"/> MPM1D1	<input type="checkbox"/> MFM1P1	<input type="checkbox"/> MAT1L1	<input type="checkbox"/> MPM1D1	<input type="checkbox"/> MFM1P1	<input type="checkbox"/> MAT1L1
Science	<input type="checkbox"/> SNC1D1	<input type="checkbox"/> SNC1P1	<input type="checkbox"/> SNC1L1	<input type="checkbox"/> SNC1D1	<input type="checkbox"/> SNC1P1	<input type="checkbox"/> SNC1L1
Learning Strategies			<input type="checkbox"/> GLS1O1			<input type="checkbox"/> GLS1O1

Select 1 Arts Credit (Indicate your choices with an "X")

Dramatic Arts - ADA1O1 Music - AMU1O1 Visual Arts - AVI1O1

Select 1 Elective (Indicate your choices with an "X")

Computer Applications - BTT1O1 Integrated Technologies - TTI1O1

Indicate with an "X", **your requirement** for
Healthy Active Living Education (Physical Education)

Female – PPL1O1F Male – PPL1O1M

SIGNATURES for approval of above course selections

STUDENT _____

PARENT _____

DATE _____

DATE _____

TO BE COMPLETED BY ELEMENTARY SCHOOL OFFICIAL

ELEMENTARY SCHOOL'S IDENTIFICATION OF EXCEPTIONALITY (*Please attach required form*):

STAGED [] IEP [] **IDENTIFICATION:** BEHAVIOURAL [] COMMUNICATIONS [] INTELLECTUAL []
CURRENTLY FRENCH EXEMPT []

Comments/ Recommendations: _____

Cheque for Registration Fee attached