

**GRADE 9 – STUDENT REGISTRATION - 2018 / 2019**

**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: _____ <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted
<input type="checkbox"/> Male <input type="checkbox"/> Female	
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? \_\_\_\_\_

# Sherwood Secondary School

## GRADE 9 – FRENCH IMMERSION COURSE SELECTIONS – 2018 - 2019

**Please Affix a Label for:**

- > Student Name
- > HWDSB Student Number
- > OEN

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

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

**CURRENT SCHOOL:** \_\_\_\_\_

To graduate with a certificate in French Immersion, students must successfully complete the sequence of four courses in French Immersion and a minimum of six courses in other subjects taught in French. Students should plan to take a **minimum of 4 French instruction courses in grade 9** and 4 French instruction courses in grade 10 to meet this requirement.

**REQUIRED COURSES** (choose 6 “Required” courses at the appropriate level – one from each subject)

SUBJECT	ENRICHED	ACADEMIC	APPLIED	ELEMENTARY RECOMMENDATIONS		
English	<input type="checkbox"/> ENG1D1E	<input type="checkbox"/> ENG1D1	<input type="checkbox"/> ENG1P1	<input type="checkbox"/> ENG1D1E	<input type="checkbox"/> ENG1D1	<input type="checkbox"/> ENG1P1
Mathématiques <b>OR</b> Math (English instruction)	<input type="checkbox"/> MPM1D1E	<input type="checkbox"/> MPM1D1I <input type="checkbox"/> MPM1D1	<input type="checkbox"/> MFM1P1I <input type="checkbox"/> MFM1P1	<input type="checkbox"/> MPM1D1E	<input type="checkbox"/> MPM1D1I <input type="checkbox"/> MPM1D1	<input type="checkbox"/> MFM1P1I <input type="checkbox"/> MFM1P1
Sciences <b>OR</b> Science (English instruction)		<input type="checkbox"/> SNC1D1I <input type="checkbox"/> SNC1D1	<input type="checkbox"/> SNC1P1I <input type="checkbox"/> SNC1P1		<input type="checkbox"/> SNC1D1I <input type="checkbox"/> SNC1D1	<input type="checkbox"/> SNC1P1I <input type="checkbox"/> SNC1P1
French Immersion		<input type="checkbox"/> FIF1D1I	<input type="checkbox"/> FIF1P1I		<input type="checkbox"/> FIF1D1I	<input type="checkbox"/> FIF1P1I
Géographie du Canada		<input type="checkbox"/> CGC1D1I	<input type="checkbox"/> CGC1P1I		<input type="checkbox"/> CGC1D1I	<input type="checkbox"/> CGC1P1I
Health & Physical Education <i>Healthy Active Living Education – Co-ed</i> <i>Healthy Active Living Education - Female</i> <i>Healthy Active Living Education - Male</i> <i>Large Group Activities (Ice Games, co-ed) \$</i>			<input type="checkbox"/> PPL1O1 <input type="checkbox"/> PPL1O1F <input type="checkbox"/> PPL1O1M <input type="checkbox"/> PAL1O1H ( <b>2.0 credits = 2 courses PAL1O1 &amp; HIF1O1</b> )			

**OPTIONAL COURSES** (choose 2 “Optional” courses) **NOTE:** Students taking PAL1O1H & HIF1O1H choose 1 only.

SUBJECT	OPEN
Drama	<input type="checkbox"/> ADA1O1
Music – Instrumental	<input type="checkbox"/> AMU1O1B (beginner) <input type="checkbox"/> AMU1O1E (experienced)
Music – Instrumental Strings	<input type="checkbox"/> AMS1O1 (only violin, viola, cello, bass)
Visual Arts	<input type="checkbox"/> AVI1O1I <b>OR</b> <input type="checkbox"/> AVI1O1
Information & Communication Technology	<input type="checkbox"/> BTT1O1
L’Exploration Des Études Familiales (French Immersion) <b>OR</b> Exploring Family Studies (English)	<input type="checkbox"/> HIF1O1I <b>OR</b> <input type="checkbox"/> HIF1O1
Exploring Technologies	<input type="checkbox"/> TIJ1O1

**ADMINISTRATIVE USE ONLY**

**Indicate with an **x** if student has Individual Education Plan (IEP)**

- Non-exceptional
- Exceptional – state identification:

**Indicate with an **x** if Required**

- Organizational/Academic Support (GLS1O1 – Learning Strategies 1 – Skills for Success)
- At-Risk Status (complete Student Success Transition Attachment)

\_\_\_\_\_  
Grade 8 Teacher’s signature

\_\_\_\_\_  
Grade 8 Principal’s signature

\_\_\_\_\_  
Date

*By checking the Consent to Photograph box below, I agree that my child’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