

**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? \_\_\_\_\_

**Please Affix a Label for:**

- Student Name
- HWDSB Student Number
- OEN

# Sherwood Secondary School

## GRADE 9 – COURSE SELECTIONS – 2018 - 2019

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

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

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

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

SUBJECT	ENRICHED	ACADEMIC	APPLIED	LOCALLY DEVELOPED	ELEMENTARY RECOMMENDATIONS			
English	<input type="checkbox"/> ENG1D1E	<input type="checkbox"/> ENG1D1	<input type="checkbox"/> ENG1P1	<input type="checkbox"/> ENG1L1	<input type="checkbox"/> ENG1D1E	<input type="checkbox"/> ENG1D1	<input type="checkbox"/> ENG1P1	<input type="checkbox"/> ENG1L1
Math	<input type="checkbox"/> MPM1D1E	<input type="checkbox"/> MPM1D1	<input type="checkbox"/> MFM1P1	<input type="checkbox"/> MAT1L1	<input type="checkbox"/> MPM1D1E	<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
French		<input type="checkbox"/> FSF1D1	<input type="checkbox"/> FSF1P1			<input type="checkbox"/> FSF1D1	<input type="checkbox"/> FSF1P1	
Geography		<input type="checkbox"/> CGC1D1	<input type="checkbox"/> CGC1P1			<input type="checkbox"/> CGC1D1	<input type="checkbox"/> CGC1P1	
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</b> credits = 2 courses PAL1O1 & HIF1O1)			

**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"/> AVI1O1
Information & Communication Technology	<input type="checkbox"/> BTT1O1
Exploring Family Studies	<input type="checkbox"/> HIF1O1
Exploring Technologies	<input type="checkbox"/> TIJ1O1

**ADMINISTRATIVE USE ONLY**

If students require L.D.C.C., please complete a Student Success Transition Attachment Form

**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)
- ☐ French Exempt
- ☐ At-Risk Status (complete Student Success Transition Attachment Form)

**Out of Catchment Request Reason:** ☐ Sibling at Sherwood in 2016-2017 school year

\_\_\_\_\_  
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