

**GRADE 9 – STUDENT REGISTRATION - 2021 / 2022**

***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>Month/day/year</i> <input type="checkbox"/> Male <input type="checkbox"/> Female	Telephone: _____ <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted
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 – FRENCH IMMERSION COURSE SELECTIONS – 2021 - 2022

**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)*		<input type="checkbox"/> MTH1W1I <input type="checkbox"/> MTH1W1			<input type="checkbox"/> MTH1W1I <input type="checkbox"/> MTH1W1	
<b>*Grade 9 Math is de-streamed*</b>						
Sciences <b>OR</b> Science (English)		<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 <b>OR</b> Geography (English)		<input type="checkbox"/> CGC1D1I <input type="checkbox"/> CGC1D1	<input type="checkbox"/> CGC1P1I <input type="checkbox"/> CGC1P1		<input type="checkbox"/> CGC1D1I <input type="checkbox"/> CGC1D1	<input type="checkbox"/> CGC1P1I <input type="checkbox"/> CGC1P1
Health & Physical Education - Personal & Fitness Activities – Co-ed - Personal & Fitness Activities – Female - Personal & Fitness Activities – Male - Large Group Activities (Ice Games, co-ed) \$500.00 approx.			<input type="checkbox"/> PAF1O1 <input type="checkbox"/> PAF1O1F <input type="checkbox"/> PAF1O1M <input type="checkbox"/> PAL1O1H ( <b>2.0 credits</b> = 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)
Visual Arts (English)	<input type="checkbox"/> AVI1O1
Technologies de l’information et de la Communication (French Immersion) <b>OR</b> Information & Communication Technology (English)	<input type="checkbox"/> BTT1O1I (French) <b>OR</b> <input type="checkbox"/> BTT1O1 (English)
L’Exploration Des Études Familiales (French Immersion) <b>OR</b> Exploring Family Studies (English)	<input type="checkbox"/> HIF1O1I (French) <b>OR</b> <input type="checkbox"/> HIF1O1 (English)
Exploring Technologies	<input type="checkbox"/> TIJ1O1

## ELEMENTARY ADMINISTRATIVE USE ONLY

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

- ☐ Non-exceptional  
☐ Exceptional – state identification:

**Recommended for:**

- ☐ Learning Strategies - Skills for Success - GLS1O1  
☐ Empower Reading Course

Grade 8 Teacher’s signature

Date

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