

PLEASE COMPLETE ALL SECTIONS AND PRINT CLEARLY

STUDENT / ADDRESS INFORMATION

Legal Last Name: <i>(as indicated on a legal document)</i>		Legal First Name:
Used Last Name:		Used First Name:
Date of Birth: _____ (Month/day/year)	Gender: <input type="checkbox"/> Male (M) <input type="checkbox"/> Female (F) <input type="checkbox"/> Prefer Not To Disclose (N) <input type="checkbox"/> Not Specified (S)	
Address & Unit #:		
City:	Postal Code:	Preferred Phone Number:

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 student's 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"/> Refugee | <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 |

What country was student born in? _____ What is student's country of Citizenship? _____

If student was not born in Canada, when did they arrive in Canada? **Year:** _____ **Month:** _____

What is student's first language spoken at home? _____

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:** _____

GRADE 9 – COURSE SELECTIONS – 2024 / 2025

Please Affix a Label for:
 > Student Name
 > HWDSB Student Number
 > OEN

SURNAME: _____
 (please print clearly)

FIRST NAME: _____
 (please print clearly)

CURRENT SCHOOL: _____

REQUIRED COURSES (Choose 5 “Required” courses at the appropriate level – one from each subject. French Immersion students must take a **minimum** of 4 French Immersion courses in grade 9). eLearning courses are asynchronous without direct teacher supervision.

SUBJECT	ENGLISH STREAM	FRENCH IMMERSION STREAM
English	<input type="checkbox"/> ENL1W1 or eLearning <input type="checkbox"/> ENL1W1eL	<input type="checkbox"/> ENL1W1 or eLearning <input type="checkbox"/> ENL1W1eL
Math	<input type="checkbox"/> MTH1W1 or eLearning <input type="checkbox"/> MTH1W1eL	<input type="checkbox"/> MTH1W1I
Science	<input type="checkbox"/> SNC1W1 or eLearning <input type="checkbox"/> SNC1W1eL	<input type="checkbox"/> SNC1W1I
French	<input type="checkbox"/> FSF1D1	<input type="checkbox"/> FIF1D1I (mandatory for French Immersion stream)
Geography	<input type="checkbox"/> CGC1W1 or eLearning <input type="checkbox"/> CGC1W1eL	<input type="checkbox"/> CGC1W1I

OPTIONAL COURSES (choose 3 “Optional” courses) **NOTE:** Students taking PAL1O1H will have HIF1O1 added by the school at a later date. Choose 1 additional option (not HIF1O1).

SUBJECT	ENGLISH STREAM	FRENCH IMMERSION STREAM
Drama	<input type="checkbox"/> ADA1O1	
Music – Instrumental	<input type="checkbox"/> AMU1O1	
Visual Arts	<input type="checkbox"/> AVI1O1	
Visual Arts Photography	<input type="checkbox"/> AWQ1O1eL (eLearning)	
Building the Entrepreneurial Mindset OR Développer l’esprit entrepreneurial(French Immersion)	<input type="checkbox"/> BEM1O1 or eLearning <input type="checkbox"/> BEM1O1eL	<input type="checkbox"/> BEM1O1I
Exploring Family Studies OR L’Exploration Des Études Familiales (French Immersion)	<input type="checkbox"/> HIF1O1 or eLearning <input type="checkbox"/> HIF1O1eL	<input type="checkbox"/> HIF1O1I
Technology and the skilled trades	<input type="checkbox"/> TAS1O1	
Choose One:	<i>Personal & Fitness Activities – All Gender</i>	<input type="checkbox"/> PAF1O1
	<i>Personal & Fitness Activities - Female</i>	<input type="checkbox"/> PAF1O1F
	<i>Personal & Fitness Activities – Male</i>	<input type="checkbox"/> PAF1O1M
	<i>Healthy Living & Rhythm & Movement, Mindfulness</i>	<input type="checkbox"/> PAR1O1
	<i>Large Group Activities (Ice hockey, all gender) \$500.00 approx.</i>	<input type="checkbox"/> PAL1O1H & HIF1O1 (2.0 credits = 2 courses PAL1O1H & HIF1O1)

ADMINISTRATIVE USE ONLY

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

- Non-exceptional
- Exceptional – state identification

Grade 8 French Exempt

Recommended for:

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

Available with Administrator Approval Only. These Gap-Closing courses will be selected in consultation with school Resource Teams and parents.