



# Waterdown District High School

215 PARKSIDE DRIVE ■ WATERDOWN, ON ■ L8B 1B9

TEL: 905.689.6692 ■ FAX: 905.689.3413 ■ www.hwdsb.on.ca/waterdown/

Elementary School: \_\_\_\_\_ (if not HWDSB – OEN #): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

## SECTION A:

Indicate your choice of stream, for the 5 compulsory courses, by checking the appropriate box in the section below.

	To be completed by the Student and Parent/Guardian/Caregiver		
	<input type="checkbox"/> Check if Student has an IEP		
	Academic	Applied	Locally Developed
English	<input type="checkbox"/> ENG1D1	<input type="checkbox"/> ENG1P1	<input type="checkbox"/> ENG1L1
	<input type="checkbox"/> ENG1D1E		
French	<input type="checkbox"/> FSF1D1	<input type="checkbox"/> FSF1P1	<input type="checkbox"/> FSF1O1
Geography	<input type="checkbox"/> CGC1D1	<input type="checkbox"/> CGC1P1	
Mathematics	<input type="checkbox"/> MPM1D1	<input type="checkbox"/> MFM1P1	<input type="checkbox"/> MAT1L1
	<input type="checkbox"/> MPM1D1E		
Science	<input type="checkbox"/> SNC1D1	<input type="checkbox"/> SNC1P1	<input type="checkbox"/> SNC1L1

## SECTION B:

Please indicate your Physical Education selection by checking the appropriate box.

<input type="checkbox"/> PAF1O1F - Female Spark Phys-Ed	<input type="checkbox"/> PAF1O1M - Male Spark Phys-Ed	<input type="checkbox"/> PAL1O1 - Co-ed Spark Hockey
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## SECTION C:

You will take **two** of the following options. Please rank your choices **1, 2, 3**. We will do our best to accommodate your first two choices.

ADA1O1 – Dramatic Arts	AMU1O1 – Music	AMV1O1 – Vocals
AVI1O1 – Visual Arts	BTT1O1 – Computer Applications	GLS1O1 – Math Focus
HIF1O1 – Family Studies	TIJ1O1 – Exploring Technologies	

**NOTE:** If you are interested in taking an eLearning course, in one or more of the following subjects, please check the appropriate box(es) below.

- ENG1D1eL or ENG1P1eL     
FSF1D1eL or FSF1P1eL     
CGC1D1eL or CGC1P1eL  
MPM1D1eL or MFM1P1eL     
SNC1D1eL or SNC1P1eL     
BTT1O1eL    HIF1O1eL

Students who enroll in eLearning courses are not assigned to a classroom, but will work independently in the Learning Commons, cafeteria or Student Services.

## Consent to Course Selections

Parent/Guardian/Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Students from A.A. Greenleaf, Balaclava, Flamborough Centre, Guy Brown or Spencer Valley please return this FORM and the STUDENT ACTIVITY FEE of \$20 (school “Cash-on-line” or “cheque – payable to WDHS”) directly to your elementary school by **February 22<sup>nd</sup>, 2019**. Students from **all other** elementary schools or home schooling please return this form and the Student Activity Fee of \$20 (cheque only) directly to Waterdown District High School, Students Services office by **February 22<sup>nd</sup>, 2019**. Student activity fees are voluntary amounts that are used to supplement a student’s school experience through materials and activities.

LEGAL LAST NAME: \_\_\_\_\_ LEGAL FIRST NAME: \_\_\_\_\_ MIDDLE NAME(S): \_\_\_\_\_

USUAL LAST NAME: \_\_\_\_\_ PREFERRED FIRST NAME: \_\_\_\_\_

GENDER: \_\_\_\_\_ BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_ PRIMARY PHONE NO.: (\_\_\_\_) \_\_\_\_\_  
dd mm yyyy

HOME ADDRESS:  
 Apt.# \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

MAILING ADDRESS (if different from home address):  
 Apt.# \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

CHECK IF IEP EXCEPTIONALITY

COUNTRY OF BIRTH: \_\_\_\_\_ LANGUAGE SPOKEN AT HOME: \_\_\_\_\_ DOCTOR'S NAME: \_\_\_\_\_

PROVINCE OF BIRTH: \_\_\_\_\_  English  French PHONE NO.: (\_\_\_\_) \_\_\_\_\_

CITIZENSHIP STATUS: \_\_\_\_\_  Other \_\_\_\_\_ (specify) \_\_\_\_\_ ONT. HEALTH CARD #: \_\_\_\_\_

Canadian Citizen

Landed Immigrant

Student Visa

Other \_\_\_\_\_ (specify) \_\_\_\_\_

ABORIGINAL ANCESTRY

First Nation (Status/Non-Status)

Métis

Inuit

ALLERGIES AND HEALTH CONDITIONS:  
 \_\_\_\_\_  
 \_\_\_\_\_

EPI- PEN:  Yes  No

<u>FATHER</u>	<u>MOTHER</u>	<u>GUARDIAN</u> (if applicable)
Last Name: _____	Last Name: _____	Last Name: _____
First Name: _____	First Name: _____	First Name: _____
Address: _____	Address: _____	Address: _____
Home Tel.#: (____) _____	Home Tel.#: (____) _____	Home Tel.#: (____) _____
Cell #: (____) _____	Cell #: (____) _____	Cell #: (____) _____
Employer: _____	Employer: _____	Employer: _____
Work Tel.# & ext. (____) _____	Work Tel.# & ext. (____) _____	Work Tel.# & ext. (____) _____
Email: _____	Email: _____	Email: _____
<b>CUSTODY:</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Guardian <input type="checkbox"/> Self		
<b>WITH WHOM DO YOU LIVE?</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Guardian <input type="checkbox"/> Other		
<b>AGENCY SUPPORT:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Agency</i>	<i>Contact Worker's Name</i>	<i>Phone # (include area code &amp; ext.)</i>

**EMERGENCY CONTACTS** (if parent/guardian cannot be reached):

Name: \_\_\_\_\_ Phone No: (\_\_\_\_) \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Name: \_\_\_\_\_ Phone No: (\_\_\_\_) \_\_\_\_\_ Relationship to student: \_\_\_\_\_

**DO YOU RESIDE IN THE WATERDOWN DHS CATCHMENT?** (boundary area)  Yes  No

*(Note: If you do not live in the Waterdown DHS catchment, please attach HWDSB Out-of-Catchment form found at [www.hwdsb.on.ca](http://www.hwdsb.on.ca)) Forms and guidelines are found at [www.hwds.on.ca](http://www.hwds.on.ca). Please ensure all deadlines are met.*