



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"/> FSF1L1
Geography	<input type="checkbox"/> CGC1D1	<input type="checkbox"/> CGC1P1	
Mathematics	<input type="checkbox"/> MTH1W1		<input type="checkbox"/> MAT1L1
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 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	AMV1O1 – Vocals	AVI1O1 – Visual Arts
HIF1O1 – Family Studies	BTT1O1 – Computer Applications	GLS1O1 – Math Focus
AMU1O1 – Music	TIJ1O1 – Exploring Technologies	TXJ1O1 – Cosmetology
AMU1O1 & AMR1O1 – Music and Repertoire Option (2 credit package)		

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.

☐ CGC1D1eL or ☐ CGC1P1eL ☐ ENG1D1eL or ☐ ENG1P1eL ☐ FSF1D1eL or ☐ FSF1P1eL ☐ MTH1W1eL
☐ SNC1D1eL or ☐ SNC1P1eL ☐ AWQ1O1eL ☐ 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: _____

Please return this course selection form, the registration form, and the Student Activity Fee of \$20 (cheque only) directly to Waterdown District High School, Students Services office by **February 26th, 2021**.

Student activity fees are voluntary and 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: _____

PROVINCE OF BIRTH: _____

CITIZENSHIP STATUS:

☐ Canadian Citizen

☐ Landed Immigrant

☐ Student Visa

☐ Other _____ (specify)

LANGUAGE SPOKEN AT HOME:

☐ English ☐ French

☐ Other _____ (specify)

ABORIGINAL ANCESTRY

☐ First Nation (Status/Non-Status)

☐ Métis

☐ Inuit

DOCTOR'S NAME: _____

PHONE NO. : (____) _____

ONT. HEALTH CARD # : _____

ALLERGIES AND HEALTH CONDITIONS:

EPI- PEN: ☐ Yes ☐ No

FATHER

Last Name: _____

First Name: _____

Address: _____

Home Tel.#: (____) _____

Cell #: (____) _____

Employer: _____

Work Tel.# & ext. (____) _____

Email: _____

MOTHER

Last Name: _____

First Name: _____

Address: _____

Home Tel.#: (____) _____

Cell #: (____) _____

Employer: _____

Work Tel.# & ext. (____) _____

Email: _____

GUARDIAN (if applicable)

Last Name: _____

First Name: _____

Address: _____

Home Tel.#: (____) _____

Cell #: (____) _____

Employer: _____

Work Tel.# & ext. (____) _____

Email: _____

CUSTODY: ☐ Mother ☐ Father ☐ Both ☐ Guardian ☐ Self

WITH WHOM DO YOU LIVE? ☐ Mother ☐ Father ☐ Both ☐ Guardian ☐ Other

AGENCY SUPPORT:

☐ Yes ☐ No

Agency

Contact Worker's Name

Phone # (include area code & ext.)

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 follow **HWDSB Out-of-Catchment** procedures found at www.hwdsb.on.ca)