



# Waterdown District High School

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[www.hwdsb.on.ca/waterdown](http://www.hwdsb.on.ca/waterdown)

Date Returned: \_\_\_\_\_

## Year 5 Application

Name: \_\_\_\_\_

Reason(s) for returning to Waterdown DHS (check all that apply):

☐ upgrade course marks

☐ require course(s) for post-secondary Program: \_\_\_\_\_

☐ to explore an apprenticeship

☐ other \_\_\_\_\_

Please check off your preference and list your course selections using course codes (e.g. ENG4U1).

**Note:** You must take at least 3 courses in a semester. Please star courses you are upgrading.

| <input type="checkbox"/> Semester 1 Only | <input type="checkbox"/> Both Semester 1 & 2 |    | <input type="checkbox"/> Semester 2 Only |
|--|--|----|--|
| 1.                                       | 1.   | 5. | 1.                                       |
| 2.                                       | 2.   | 6. | 2.                                       |
| 3.                                       | 3.   | 7. | 3.                                       |
| 4.                                       | 4.   | 8. | 4.                                       |

## 5<sup>th</sup> Year Student Agreement

As a 5<sup>th</sup> year student, at Waterdown District High School, I agree to follow the conditions below:

1. I will remain enrolled as a full-time student (**3 or 4 courses**) each semester.
2. I will follow all attendance procedures within the school.
3. I understand that I may be removed from extra-curricular activities and/or enrollment at WDHS, if I fail to maintain acceptable attendance.  
Please list any extra-curriculars you are planning to participate in:  
\_\_\_\_\_

4. I recognize that my behavior sets an example for younger students. I will model behavior that is appropriate for a respectful learning environment by adhering to the school's Code of Conduct.

- \* 5. I understand that by completing this form it does not guarantee my enrollment at WDHS nor a place in the courses listed above.

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

The school has my permission to contact my Parent/Guardian during the 2024 – 2025 school year \_\_\_\_\_

(Student Signature)

For Office Use Only: ☐ Approved ☐ Not Approved

VP Signature \_\_\_\_\_

Date \_\_\_\_\_