

## DEADLINE TO SUBMIT: Thursday, January 23, 2020

(late Notices of Intent to attend will be put on a waitlist and considered at a later date)

All notices must be accompanied by a copy of your child's most recent grade 8 and June grade 7 report card.



# Notice of Intent Westmount Secondary School

STUDENT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CURRENT SCHOOL: \_\_\_\_\_ OEN: \_\_\_\_\_

HOMEROOM TEACHER: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

PARENT/GUARDIAN EMAIL: \_\_\_\_\_

*Please ensure your email address is legible as notification of your child's acceptance will be via email*

The Westmount program is open to all students in the Hamilton-Wentworth District who would benefit from a self-directed/self-paced program. Students at Westmount come from across HWDSB and represent a variety of learners. Like all HWDSB secondary schools, Westmount offers workplace, college, applied and academic pathways.

At Westmount, students get a chance to experience a unique and innovative program. As a system school, Westmount attracts students who strive to develop goal-setting, effective time management and develop their interests in a self-directed, self-paced learning environment.

Successful Westmount students demonstrate strong initiative, have an interest in asking questions and collaborating with teachers and students and are self-starters. Students must be able to set individual goals and monitor their own progress in achieving them.

Westmount administrators will review all report cards to ensure students demonstrate the learning skills that will lead to success in the program. Please note, decisions are based on the learning profile from the June grade 7 report card and the most recent grade 8 report and not on academics.

**Please submit this form along with the most recent and Grade 7 report card to Westmount S.S. by Thursday, January 23, 2020 @ 4:00 pm. Notices without the most recent grade 8 and June Grade 7 report cards attached will not be considered.**

**Students who do not meet the deadline will be placed on a waitlist. Please note that transportation to Westmount is not provided by HWDSB and students are responsible for their own transportation.**

**You will be notified by email of your child's acceptance on February 7, 2020. HWDSB students will enter their options online via *Career Cruising* in February 2020 and out of board students will submit an option sheet directly to the school along with a registration package. You will receive these resources in an email from this school.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Student Signature

The information on this form is collected in accordance with sections 28 and 29 of the *Municipal Freedom of Information and Protection of Privacy Act* (MFIPPA) and will be used by Westmount program staff to determine eligibility. If you have questions or concerns, email [privacy@hwdsb.on.ca](mailto:privacy@hwdsb.on.ca).

### ADMINISTRATION ONLY:

ADMIT

Meeting Required

Other \_\_\_\_\_



# STUDENT REGISTRATION AND INFORMATION FORM

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

[OFFICE USE]:  
Start Date: \_\_\_\_\_ Grade: \_\_\_\_\_ Home Room: \_\_\_\_\_

OEN: \_\_\_\_\_ Student #: \_\_\_\_\_

Welcome to Hamilton-Wentworth District School Board [HWDSB]. To register, the legal parent or guardian (or the student if 16-17 years old and self-supporting or 18+ years old) is required to provide information to the school by completing this form. Please ensure that you complete all sections and provide the school with all of the original documentation required.

## Notice of Collection and Use of Personal Information

Information on this form is collected under the legal authority of the Education Act and in accordance with the Municipal Freedom of Information and Protection of Privacy Act [MFIPPA]. It will be used to establish the Ontario Student Record [OSR], and for student and education related purposes such as registration, administration, communication, data reporting, contacting previous school, and Student Transportation Services. Student information such as name, date of birth, and contact information is released to the Regional Health Units in accordance with the Health Protection and Promotions Act and the Immunization of School Pupils Act. Student information is used by the Ontario Ministry of Education and by EQAO [Education Quality and Accountability Office] for education related purposes. Contact your school principal with questions or concerns.

### FULL LEGAL NAME of STUDENT TO BE REGISTERED:

LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

### STUDENT ENROLMENT SUMMARY

|   |  |   |  |   |
|---|--|---|--|---|
| PREFERRED NAME (if different from above)  |  | GENDER<br><input type="radio"/> F-female <input type="radio"/> M-male<br><input type="radio"/> X-non-binary | BIRTH DATE -<br>MM/DD/YYYY   | Student is self-supporting minor (age 16-17) or age 18+? Yes <input type="radio"/> No <input type="radio"/> |
| MAIN PHONE # (the number the school will call first)<br>( )   | Did student attend a school in HWDSB in the past? Yes <input type="radio"/> No <input type="radio"/> | Is student currently expelled from previous school? Yes <input type="radio"/> No <input type="radio"/>      | Does student have an IEP (Individual Education Plan)? Yes <input type="radio"/> No <input type="radio"/> | Does student have a serious medical condition? Yes <input type="radio"/> No <input type="radio"/>           |
| PREVIOUS SCHOOL DETAILS (School Name, Board Name, Location, Phone Number)   |  |   | LANGUAGE OF INSTRUCTION AT PREVIOUS SCHOOL   |   |
| STUDENT STATUS: Canadian Citizen <input type="radio"/> Permanent Resident <input type="radio"/> Refugee <input type="radio"/> Visa (fee paying) <input type="radio"/><br>Visa (non-fee paying) <input type="radio"/> E-Learning Only <input type="radio"/> Other <input type="radio"/> (specify): _____ |  |   | PREVIOUS COUNTRY/PROVINCE OF RESIDENCE (if outside ON)   |   |
| NAMES AND GRADES OF SIBLINGS IN THIS BOARD LIVING AT THE SAME ADDRESS   |  |   |  |   |

|   |                        |             |  |  |
|---|------------------------|-------------|--|--|
| ADDRESS Apt/Unit  | House or Street Number | Street Name | City/Town  | Postal Code  |
| Mailing Address (if different from above)   |                        |             | Check <input checked="" type="checkbox"/> if the student has:<br>Safe Intervention Plan <input type="radio"/><br>Behaviour Support Plan <input type="radio"/>                          | If applicable: When did student enter grade 9?<br>MM/DD/YYYY |
| Has student passed the Ontario Literacy Test (Grade 10)?<br>Yes <input type="radio"/> No <input type="radio"/> Not applicable <input type="radio"/> |                        |             | [OFFICE USE]<br>X-Boundary (student lives out of boundary) <input type="radio"/><br>Student has consent on Media Consent Agreement: Yes <input type="radio"/> No <input type="radio"/> |  |
| How many hours of Community Service has student completed (High School only)? _____   |                        |             |  |  |

### PARENTS/GUARDIANS and CUSTODY INFORMATION

### CONTACT # 1

CUSTODY ARRANGEMENTS: (If a court order is in place limiting access to the student, please produce document for copying at the school)

Both Parents Together  Joint  Sole (one parent)  Crown Ward  Foster Care (CAS)  Other : \_\_\_\_\_

If student is in the care of Children's Aid, please provide agency name, caseworker name and contact information as well as a letter of confirmation from CAS

|                                    |                         |  |
|------------------------------------|-------------------------|--|
| 1. NAME OF LEGAL PARENT / GUARDIAN | RELATIONSHIP TO STUDENT | LIVES WITH STUDENT<br>Yes <input type="radio"/> No <input type="radio"/> |
|------------------------------------|-------------------------|--|

|                                     |  |
|-------------------------------------|--|
| ADDRESS (if different from student) | Is there a court order in place to prevent this parent/guardian from accessing the student? Yes <input type="radio"/> No <input type="radio"/> |
|                                     | E-MAIL ADDRESS (optional) (SafeArrival will email about student absences):   |

|   |                                |
|---|--------------------------------|
| ALL RELEVANT PHONE NUMBER(S) Specify cell/work/home. (SafeArrival will call home and cell numbers about absences) | LANGUAGE MOSTLY SPOKEN AT HOME |
| 1. _____ 2. _____ 3. _____  |                                |

If this is a blended family household, please provide the name of step-parent/caregiver. Please also provide relevant phone numbers if applicable:

Does this parent/caregiver have your permission to:

Pick the student up from school? Yes  No

Receive information about the student from school? Yes  No

**PARENTS/GUARDIANS and CUSTODY INFORMATION, continued** **CONTACT # 2**

|                                    |                         |  |
|------------------------------------|-------------------------|--|
| 2. NAME OF LEGAL PARENT / GUARDIAN | RELATIONSHIP TO STUDENT | LIVES WITH STUDENT<br>Yes <input type="radio"/> No <input type="radio"/> |
|------------------------------------|-------------------------|--|

|   |  |
|---|--|
| ADDRESS (if different from student)   | Is there a court order in place to prevent this parent/guardian from accessing the student? Yes <input type="radio"/> No <input type="radio"/> |
| E-MAIL ADDRESS (optional) (Safe Arrival will email about student absences): |  |

|   |                                |
|---|--------------------------------|
| ALL RELEVANT PHONE NUMBERS if different from ones already listed. Specify cell/work/home (SafeArrival calls cell, home) | LANGUAGE MOSTLY SPOKEN AT HOME |
| 1. <span style="margin-left: 150px;">2.</span> <span style="margin-left: 150px;">3.</span>                              |                                |

If this is a blended family household, please provide the name of step-parent/caregiver. Please also provide relevant phone numbers if applicable:  
 Does this parent/caregiver have your permission to:  
 Pick the student up from school? Yes  No   
 Receive information about the student from school? Yes  No

Paper correspondence gets sent home with students or to the home address of the student. If parents live in two different households, do you want the school to also send paper correspondence to the second household? Yes  No

**CITIZENSHIP** original Citizenship and Immigration documents must be produced if student is new to Canada

|  |  |  |
|--|--|--|
| COUNTRY OF CITIZENSHIP                         | COUNTRY/PROVINCE OF BIRTH                                | FIRST LANGUAGE SPOKEN  |
| DATE OF ENTRY TO CANADA<br>YYYY _____ MM _____ | DATE OF ENTRY TO ONTARIO<br>MM _____ DD _____ YYYY _____ | Would you like an interpreter to phone you to help you when communicating with the school? Yes <input type="radio"/> No <input type="radio"/><br>(this requires us to give them your phone number) |

If you are new to Canada, would you like a Settlement Worker to contact you to help with housing, jobs, health care, and/or education? Yes  No

**MEDICAL INFORMATION**

Does the student have a condition that can lead to anaphylactic shock? Yes  No  If yes, please provide medical information/documentation

What is the condition? Does the student carry an Epi-Pen? Yes  No

Does the student have Asthma? Yes  No  Epilepsy? Yes  No  Diabetes? Yes  No  Other life-threatening medical condition(s)? Yes  No   
 Is the student on medication that they bring to school? Yes  No  If yes to any of these, please provide details and supporting documentation if applicable

Does the student have non-life-threatening health conditions and/or allergies that the school should be aware of? Yes  No  If yes, please provide details

Does the student take medication that the school needs to administer? Yes  No  If yes, please fill out a school medication administration form

If you deem it necessary for the school to have more information on file in the event of an emergency, please provide the following (this information is optional):

Doctor's name and contact info:

Student Health Card Number:

**ALTERNATE and EMERGENCY CONTACTS – who the school will call when they cannot reach a parent/guardian. List in order of priority.**

|      |              |                 |                                 |  |
|------|--------------|-----------------|---------------------------------|--|
| NAME | RELATIONSHIP | LANGUAGE SPOKEN | PHONE(S) specify cell/home/work | can pick up student:<br>Yes <input type="radio"/> No <input type="radio"/> |
|------|--------------|-----------------|---------------------------------|--|

|      |              |                 |                                 |  |
|------|--------------|-----------------|---------------------------------|--|
| NAME | RELATIONSHIP | LANGUAGE SPOKEN | PHONE(S) specify cell/home/work | can pick up student:<br>Yes <input type="radio"/> No <input type="radio"/> |
|------|--------------|-----------------|---------------------------------|--|

|      |              |                 |                                 |  |
|------|--------------|-----------------|---------------------------------|--|
| NAME | RELATIONSHIP | LANGUAGE SPOKEN | PHONE(S) specify cell/home/work | can pick up student:<br>Yes <input type="radio"/> No <input type="radio"/> |
|------|--------------|-----------------|---------------------------------|--|

I have obtained the consent of the person(s) listed above to be named as alternate/emergency contacts: Yes

**FIRST NATION, MÉTIS AND INUIT VOLUNTARY SELF-IDENTIFICATION (OPTIONAL)**

Parents/guardians and students who are 18 years or older have the right to voluntarily self-identify their Aboriginal ancestry. This information is used to develop and enhance educational programs and to improve educational outcomes. If the student is considered to be of Aboriginal ancestry and you wish to identify this, please check the appropriate box: First Nation (Status or Non-Status)  Métis  Inuit

**PERMISSION ACKNOWLEDGEMENTS AND RELEASE OF INFORMATION**

I verify that the information provided on this form is true and correct. I understand that it is my responsibility to inform the school immediately of any changes to the information contained on this form.

|   |       |
|---|-------|
| SIGNATURE OF PARENT/GUARDIAN or STUDENT 18+ YRS (or Self-Supporting Minor age 16-17 yrs): | DATE: |
|   |       |

## Our Beliefs at Westmount:

- Everyone has a capacity and responsibility to learn
- Everyone is provided the appropriate challenges to learn from risks, failures, and successes and the opportunities for learning to be fun and exciting.
- Everyone learns from and with each other in our community.
- Everyone learns when they feel connected to their learning environment and their learning partners (self, peers, teachers, family, community, the changing world).
- We have the responsibility to connect our learning to ourselves, our community and the world through reflection and action.



## Myth Busting: The Westmount Program

### MYTH

### REALITY

**Attendance is optional**

At Westmount, we know that attending school is important. It gives students a chance to conference with their teachers, receive feedback on learning, collaborate with peers, ask questions and receive direct instruction. We expect students to attend daily.

**Flex day attendance is optional**

Flex days are designed for students to practice planning and to structure their day to maximize learning. On these days, departments offer ways to enhance or extend learning in one subject area, for example, by bringing in guest speakers or focusing on more hands-on work.

**Teachers only teach two days**

In-class lessons occur on any day of the week. As well, teachers conference with students 1:1 on a regular basis.

**Westmount is a booklet-driven program**

Every course has some form of Course Guide that supports student self-pacing. These are not worksheets or fill-in-the-blank booklets to be completed alone. Each course also uses a variety of other teaching resources such as The Hub, texts, iPads, etc.

**We are an independent learning school**

We are a self-directed learning program that promotes student self-pacing. Students work with their teachers to understand why they are learning (curriculum expectations), how to demonstrate their learning and what to learn, based on their interests and strengths. Self-pacing lets students learn at their own pace; within guidelines, they can decide when and where to learn, as long as they are progressing in class. Self-advocacy and initiative are key skills needed for success.

**We are the best school for students struggling with anxiety**

We have a wonderfully inclusive and welcoming environment but Westmount may not be a good fit for all students. Although we have some flexibility, we expect daily attendance. Students who are successful need to set and achieve their own goals because due dates are self-imposed. For some, this adds pressure. It is also a busy place as the largest school in Hamilton-Wentworth District School Board (HWDSB). Deciding if Westmount is a good fit for a student should be done on a case-by-case basis, considering each student's individual needs.

**It is okay to carry any courses over**

At Westmount, we expect students to finish courses within the semester. Carrying courses over is a strategy enabling fast tracking (working ahead) or as a support for students who may need more time for a variety of reasons.

Creating opportunities for our students to change the world!

curiosity.

creativity.

possibility.

**HWDSB**