

## GRADE 9 - COLLEGIATE REGISTRATION

Legal Name \_\_\_\_\_  

Last
First
Middle

Usual or Called name (if different from Legal Name) \_\_\_\_\_  

Last
First

Date this Student began or will begin grade 9 for the first time (mm/dd/yyyy) \_\_\_\_\_

Previous School \_\_\_\_\_ in (City, Prov., Country) \_\_\_\_\_

Have you ever attended a Saskatoon Public School? Y  N  Student # \_\_\_\_\_

Home Address \_\_\_\_\_  

Apartment/House Number and Street
City
Postal Code

Home Phone Number \_\_\_\_\_ Unlisted? Y  N

Student Cell Phone \_\_\_\_\_ Student E-mail address \_\_\_\_\_

I am living with          

Two Parents
Mother
Father
Guardian
On My Own
With Relative
Joint Custody
Other

Gender F  M  Birthdate (mm/dd/yyyy) \_\_\_\_\_ Current Age \_\_\_\_\_

**Please specify the student's parents/guardians below, indicating which parents have custody.**

Name _____		Relationship _____		Has Custody? Y <input type="checkbox"/> N <input type="checkbox"/>	
<small>Title</small>	<small>Given Name</small>	<small>Last Name</small>	<small>(i.e. mother/father/guardian)</small>		
Email Address _____		Home Phone _____		Cell Phone _____	
Employer _____		Work Phone _____		Ext _____	
Address (if different from the students) _____					
		<small>Apartment/House Number and Street</small>	<small>City</small>	<small>Postal Code</small>	

Name _____		Relationship _____		Has Custody? Y <input type="checkbox"/> N <input type="checkbox"/>	
<small>Title</small>	<small>Given Name</small>	<small>Last Name</small>	<small>(i.e. mother/father/guardian)</small>		
Email Address _____		Home Phone _____		Cell Phone _____	
Employer _____		Work Phone _____		Ext _____	
Address (if different from the students) _____					
		<small>Apartment/House Number and Street</small>	<small>City</small>	<small>Postal Code</small>	

Name _____		Relationship _____		Has Custody? Y <input type="checkbox"/> N <input type="checkbox"/>	
<small>Title</small>	<small>Given Name</small>	<small>Last Name</small>	<small>(i.e. mother/father/guardian)</small>		
Email Address _____		Home Phone _____		Cell Phone _____	
Employer _____		Work Phone _____		Ext _____	
Address (if different from the students) _____					
		<small>Apartment/House Number and Street</small>	<small>City</small>	<small>Postal Code</small>	

Name _____		Relationship _____		Has Custody? Y <input type="checkbox"/> N <input type="checkbox"/>	
<small>Title</small>	<small>Given Name</small>	<small>Last Name</small>	<small>(i.e. mother/father/guardian)</small>		
Email Address _____		Home Phone _____		Cell Phone _____	
Employer _____		Work Phone _____		Ext _____	
Address (if different from the students) _____					
		<small>Apartment/House Number and Street</small>	<small>City</small>	<small>Postal Code</small>	

# WELCOME to Aden

NAME (Last, First) \_\_\_\_\_

Student Number \_\_\_\_\_

} **Please print**

## **Choosing Appropriate Offerings of Courses**

Students should choose the appropriate offering for English 9, Social 9, Science 9 and Math 9. The offering should be determined through consultation between the student, parent, elementary school teacher, and a counsellor. Please be reminded that final placement in courses is a school decision.

Choose a course by checking the box next to the course code.

OFFERINGS: ENR(E) = Enriched REG(R) = Regular MOD(M) = Modified

## **Grade 8 Teacher Recommendations**

### **ENGLISH**

- ELA09E
- ELA09R
- ELA09M

### **SOCIAL**

- SOC09E
- SOC09R
- SOC09M

### **SCIENCE**

- SCI09E
- SCI09R
- SCI09M

### **MATH**

- MTH09E
- MTH09R
- MTH09M

Recommend Resource Room for the following subjects:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Grade 8 teacher's signature: \_\_\_\_\_

*Please have Grade 8 teacher fill this in!*

**Note:** All Grade 9 students must select all **9** of the **compulsory** courses along with **2** of the **elective** courses. Grade 9 students are not permitted to take any spares!

# Course Request Form

# Bowman Collegiate!

Students need to select **8 compulsory courses** below!

Students need to select **2 elective courses** below!

## COMPULSORY COURSES:

<input checked="" type="checkbox"/>	<b>CODES</b>	<b>COURSE</b>	<b>LEVEL</b>	
<input type="checkbox"/>	ELA09E	English 9A	ENR	} Choose 1
<input type="checkbox"/>	ELA09R	English 9A	REG	
<input type="checkbox"/>	ELA09M	English 9A	MOD	
<input type="checkbox"/>	ELB09E	English 9B	ENR	} Choose 1
<input type="checkbox"/>	ELB09R	English 9B	REG	
<input type="checkbox"/>	ELB09M	English 9B	MOD	
<input type="checkbox"/>	SCI09E	Science 9	ENR	} Choose 1
<input type="checkbox"/>	SCI09R	Science 9	REG	
<input type="checkbox"/>	SCI09M	Science 9	MOD	
<input type="checkbox"/>	MTH09E	Math 9	ENR	} Choose 1
<input type="checkbox"/>	MTH09R	Math 9	REG	
<input type="checkbox"/>	MTH09M	Math 9	MOD	
<input type="checkbox"/>	SOC09E	Social Studies 9	ENR	} Choose 1
<input type="checkbox"/>	SOC09R	Social Studies 9	REG	
<input type="checkbox"/>	SOC09M	Social Studies 9	MOD	
<input type="checkbox"/>	PEHF09-N	Girl's Phys Ed /Health & Career 9		} Choose 1
<input type="checkbox"/>	PEHM09-N	Boy's Phys Ed /Health & Career 9		
<input type="checkbox"/>	ARE09-V	Arts Ed. 9 (Visual Art)		} Choose 1
<input type="checkbox"/>	ARE09-T	Arts Ed. 9 (Drama)		
<input type="checkbox"/>	ARE09-D	Arts Ed. 9 (Dance)		

**All students must choose one 50 hour Practical & Applied Arts class from the list below:**

<input type="checkbox"/>	CCA09-H	Computers 9	} Choose 1
<input type="checkbox"/>	IAS09-H	Industrial Arts 9	
<input type="checkbox"/>	IND09-H	Independent Living 9	

**Note: All students must have a total of 8 boxes checked for compulsory courses!**

## ELECTIVE COURSES:

### Other Elective Course(s):

**100hr Elective** courses must be different from your 50hr elective course.

<input checked="" type="checkbox"/>	<b>CODES</b>	<b>100 HOUR COURSES</b>
<input type="checkbox"/>	CCA09	Commerce and Computer App. 9
<input type="checkbox"/>	IAS09	Industrial Arts 9
<input type="checkbox"/>	IND09	Independent Living 9
<input type="checkbox"/>	FRE09	French 9
<input type="checkbox"/>	BAN09-N	Band 9 Non-semestered
<input type="checkbox"/>	CHO09-N	Choral 9 NS (Before School)

\* If Choral is chosen choose an additional elective.

- **French 9 (50hrs) is integrated with English A & B and is intended only for those who wish to take both Band 9 & French 9.**
- FRE09-H French 9 (50hrs)

### Band Students:

Please enter the name of the instrument that you plan to play:

Will you supply the instrument? (Y/N) \_\_\_\_\_

⇒ Did you take **French** in elementary school?

Yes  No

⇒ Have you ever been enrolled in a **French Immersion program**?

Yes  No

**If Yes**, what grade had you completed when you left the program?

Grade: \_\_\_\_\_

### Resource Room – \* Via Screening Process (TEACHER RECOMMENDED ONLY!)

<input checked="" type="checkbox"/>	<b>CODES</b>	<b>COURSE</b>
<input type="checkbox"/>	RESX	SEM 1 Resource Room
<input type="checkbox"/>	RE2X	SEM 2 Resource Room

Emergency Contact \_\_\_\_\_  
(Other than Parent) (Full Name) (Home Phone) (Work/cell Phone) (Ext)

Doctor's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Contact Person with Social Services (if applicable) \_\_\_\_\_  
(Full Name) (Work Number)

Student's Saskatchewan Health Number \_\_\_\_\_

**For Office Use:**

How was the student's eligibility verified? Work Visa, Student Visa, Immigration Papers

Citizenship:  Canadian Other (please specify) \_\_\_\_\_

Country of Birth:  Canada Other (please specify) \_\_\_\_\_

Languages spoken at home \_\_\_\_\_  
(first) (second)

\_\_\_\_\_  
(verification signature)

Do the student's parents reside within the city limits? Y  N

**First Nations, Inuit and Métis People:** the following information is voluntary. Please select one of the following:

First Nation Status  Inuit

First Nation Non-Status  Métis  Band/Reserve Name: \_\_\_\_\_

Other people living in my house (please list) \_\_\_\_\_  
\_\_\_\_\_

Please list any medical condition(s) of which the school should be aware. State if the condition is life threatening, requires regular medication or requires emergency medication.

\_\_\_\_\_  
\_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Are you the legal guardian? (Y/N) \_\_\_\_\_

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

*Employees of Saskatoon Public Schools may use the information collected on this form to help provide appropriate educational programming and support for the student. Contact information is collected to help us communicate effectively with the student's parents and guardians. Some of this demographic data may be shared with organizations we work with to help them provide the following services to our students: student ID cards, immunization, vision screening, hearing screening, and dental programs.*

*We collect the student's Saskatchewan Health Number to use in case medical care is needed. This number, and other demographic information, is shared with Saskatchewan Learning to support the Student Tracking Program. This program is intended to identify school-aged youths not registered in school, so that action may be taken to help meet their educational needs. How this information is accessed, used, or disclosed is protected under the **Freedom of Information and Protection of Privacy Act and the Local Freedom of Information and Protection of Privacy Act.***

For office use: How was the student's **Name and Birthdate** verified: (circle one)

**Birth Certificate      Health Card      Passport/Visa      Baptismal Cert.      Transfer from SPS**

Collegiate Official: \_\_\_\_\_