



# Collegiate Registration Form 2011-2012

## Marion M. Graham Collegiate

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: \_\_\_\_\_  
Month Day Year

Previous School: \_\_\_\_\_ in (city/Province/Country) \_\_\_\_\_

Have you ever attended a Saskatoon Public School? Y  N  Id# \_\_\_\_\_ (if known)

Birthdate \_\_\_\_\_ Current Age \_\_\_\_\_ Gender (M/F) \_\_\_\_\_  
Month Day Year

Registering for Grade (circle one) 9 10 11 12 5<sup>th</sup> Year Upgrader Adult (22 or older) 8 (at City Park or Bedford Road)

Special Programs (circle one if applicable): Royal West, Bridges, Omega, Main Street, Admin Assist,  
 International Student Program, Exchange Student

Please list any siblings that are currently attending this school: \_\_\_\_\_

Student's Home Phone # \_\_\_\_\_ The student is living with: \_\_\_\_\_

Student resides with: \_\_\_\_\_  
Two Parents  Mother Only  Father Only  Guardian  On My Own  With Relative  Home Stay  Joint Custody

Student's Home Address \_\_\_\_\_  
Apartment/House Number and Street City Postal Code

Student's Cell # \_\_\_\_\_ Student's Email Address \_\_\_\_\_

### Please specify the student's parents/guardians below.

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



**Marion M. Graham Collegiate  
Grade 9 English  
Course Selection Sheet 2011—2012**



**Student Name:** \_\_\_\_\_

Course Selection: Grade 9 students must enroll in nine compulsory classes and at least one elective. Placement at an appropriate level for compulsory classes must be done in consultation with the student, parent, grade 8 teacher and collegiate counsellor.

**A. Grade 8 Teacher Recommendations: (Grade 8 Teacher completes this section—Please circle recommendations)**

English	Math	Science	Social Studies	Support
Regular	Regular	Regular	Regular	Resource
Modified	Essentials	Modified	Modified	EAL

Teacher's Comments: \_\_\_\_\_

Teacher's Signature: \_\_\_\_\_

**B. Compulsory Classes—Place a check mark in boxes of classes you choose:**

**Arts Education**

Choose one of:

- ARE09D Arts Education 9 (Dance)
- ARE09T Arts Education 9 (Drama)
- ARE09V Arts Education 9 (Visual Arts)

**Career Education / Health Education /Physical Education**

Choose both of these classes:

- CWE09 Career Education 9
- HEA09 Health Education 9

and one of the following:

- PEM09 Boys Physical Education
- or
- PEF09 Girls Physical Education

**English**

Choose one of the following selections:

- ELA09-G **Combination** - English Language Arts A9 / French 9—**must also select FRE09 in Electives**

or

- ELA09 English Language Arts A9
- or
- ELA09M English Language Arts A9 Modified

Choose one of the following:

- ELB09 English Language Arts B 9
- or
- ELB09-N English Language Arts B9 / Band 9—**must also select BAN09 in Electives**

or

- ELB09M English Language Arts B 9 Modified

M—Modified

**Mathematics**

Choose one selection of:

- MTH09X Mathematics 9X

and either:

- MTH09Z Mathematics 9Z (**combination class—must select CCA09—Commerce and Computer Applications**)

and

- CCA09 Commerce and Computer Applications 9 (1 semester) (**combination class -must select MTH09Z—Mathematics 9Z**)

or

- MTE09 Math Essentials 9 (Semester 1)

**Science**

Choose one of:

- SCI09 Science 9
- or
- SCI09M Science 9 Modified

**Social Studies**

Choose one of:

- SOC09 Social Studies 9
- or
- SOC09M Social Studies 9 Modified

M—Modified



**Marion M. Graham Collegiate  
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**C. Elective Classes—Place a check mark in the box(es) of your choice(s):**

**Electives**

Choose one of:

- BAN09-N Band 9 (non-semestered) **must also have selected ELB09-N**
- PAA09 Practical and Applied Arts Survey 9
- RESX Resource (Semester 1)
- RE2X Resource (Semester 2)
- EAL English as an Additional Language (Semester 1)
- EAL2 English as an Additional Language (Semester 2)
- REA09 Developmental English Language (Read to Succeed)

**and may choose one or more of the following classes:**

- CHO09– N Choral 9 (non-semestered) (noon)
- DRI Driver Education (see page 24 for eligibility requirements) (noon) (non-credit class)
- FRE09 French 09 **must also select ELA09-G**

**D. Record Courses Selected**

Transfer the course codes from the boxes you checked to this chart. These codes will be entered into our computer program. Please check for accuracy.

1 (Career Ed 9) <b>CWE09</b>	2 (Health 9) <b>HEA09</b>
3 (Math9X) <b>MTH09X</b>	4 (Arts Ed 9)
5 (Phys Ed 9)	6 (English A9)
7 (English B9)	8 (Math9Z or Math Essentials)
9 (CCA9 or blank if taking Math Essentials)	10 (Science 9)
11 (Social 9)	12 (Elective 9)
13 (French 9, if chosen)	14 (Choral 9, if chosen)
15 (Driver Education, if chosen)	

**E.**

We agree to abide by the policies and regulations of Marion M. Graham Collegiate. We understand that this application is used to staff the school and to plan the coming year. Students are therefore expected to continue in the courses originally selected. However, if a change in the course selection is necessary or if circumstances force us to withdraw this application, we will promptly notify Marion Graham Student Services at 683-7756.

Parent/Guardian Signature: \_\_\_\_\_ Student Signature: \_\_\_\_\_

Emergency contact (a relative or friend) \_\_\_\_\_ Phone \_\_\_\_\_ Ext: \_\_\_\_\_  
(Full Name)

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

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

Who should be contacted first in the case of school closure or an emergency? \_\_\_\_\_  
(mother/father/guardian/emergency contact)

Emergency Notes (specify emergency medication etc.) \_\_\_\_\_

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Please list any medical condition(s) that the school should be aware of. \_\_\_\_\_

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

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

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

**For office Use:**  
 How was the student's eligibility verified?  
 Work Visa, Student Visa, Immigration Papers

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(signature of school administrator verifying document)

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

First Nation Status  Inuit  Reserve Name: \_\_\_\_\_

First Nation Non-Status  Métis

Program Type (circle one): Regular English French Immersion Adult 12 Program LSWS FLS

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

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

*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 or guardians. Some of this demographic data may be shared with organizations we work with to help them provide the following services to our students: transportation, 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 Ministry of Education 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.***

Date \_\_\_\_\_ Parent or Student Signature \_\_\_\_\_ Are you a legal Guardian? (Y/N) \_\_\_\_\_

For office Use How was the student's Name and Birthdate verified? (circle one)

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

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