

***Leaside High School***

**GRADE 9 COURSE SELECTION SHEET**

**2018 – 2019**

**Regular Program**

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T.D.S.B. Student Number

**A: STUDENT INFORMATION (Please Print)**

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| --- | --- | --- |
| Student’s Family Name (Last)  |  Given Name (First) Middle Initial | Gender:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Student Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Street No.) (Street) (Apt/Unit No.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(City) (Postal Code) |  Date of Birth:   \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ Day Month Year |
| Telephone Numbers:(Home) ( ) \_\_\_\_\_\_\_ -\_\_\_\_\_\_\_\_ 🞏 Mother 🞏 Father 🞏Guardian(Business) ( ) \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_ 🞏 Mother 🞏 Father 🞏Guardian (Mobile) ( ) \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_ 🞏 Mother 🞏 Father 🞏Guardian (Mobile) ( ) \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_🞏 Mother 🞏 Father 🞏Guardian  |
| Email Addresses: Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact 1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 Mother 🞏 Father 🞏Guardian Contact 2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 Mother 🞏 Father 🞏Guardian  |

**B: TO BE COMPLETED BY ELEMENTARY SCHOOL PERSONNEL**

|  |  |  |
| --- | --- | --- |
| 1. Current School Name: | Telephone No.:  | **2. Current French Program:**🞏 Core (no modifications) 🞏 Core (with modifications)🞏 Extended 🞏 Immersion 🞏 None (exemption) |
| 3a. IEP/IPRC:* NO IEP
* IEP (accommodations only)
* IEP (modifications)
* IEP (transition plan)
* NOT IPRC’d
* Psych-Ed Assessment complete
* Speech and Language
* IPRC Pending
* IPRC to be initiated
* IPRC’d: Review Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | **3b. Identification:**🞏 Behaviour 🞏 Developmental Disability 🞏 Blind/Low Vision 🞏 Physical Disability 🞏 Giftedness 🞏 Mild Intellectual Disability* Autism 🞏 Language Impairment
* Deaf/Hard of Hearing 🞏 Speech Impairment

 🞏 Learning DisabilityCheck all that apply | **3c. Current Level of Support:*** NONE
* Indirect Support
* Resource Assistance
* Withdrawal /Resource
* Home School Program
* Intensive Support Program
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| **4a. ELL/ELD:** * ELL
* ELD
 | 4b. Current ESL Support: 🞏 NONE 🞏 Withdrawal 🞏 In-Class Support 🞏 ESL Class <50%/day 🞏 ESL CLASS>50%/day | **4c. Recommended Placement:** * ESL A 🞏 ESL B 🞏 ESL C 🞏 ESL D 🞏 ESL E
* ELD A 🞏 ELD B 🞏 ELD C 🞏 ELD D 🞏 ELD E
* ELL Assessment Completed 🞏 Assessment Attached
 |
| **5.** Country of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If born outside of Canada, indicate arrival date: Month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_\_\_ |
| **6. Resident of School Area:** 🞏 Yes 🞏 No |  |
| 7. Accepted under Optional Attendance to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **8. Teacher suggestion(s) / input on student’s course type selections, programming needs and learning styles:**9. Name of Principal or Designate (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

Leaside High School – Grade 9 Course Selection Sheet

**2018 – 2019 REGULAR PROGRAM**

|  |  |
| --- | --- |
| Last Name | First Name |
| Student Number | Current School |

**PART A - COMPULSORY COURSES**

Select one course from each of the SEVEN compulsory subjects listed below. Select either the ACADEMIC or APPLIED level where indicated. Students must be recommended for the LOCALLY DEVELOPED COURSES by the school.

|  |  |  |  |
| --- | --- | --- | --- |
| COURSE | ACADEMIC  | APPLIED  | LOCALLY DEVELOPED |
| ENGLISH | * ENG 1D1
 | * ENG 1P1
 | * ENG 1L1
 |
| MATHEMATICS  | * MPM 1D1
 | * MFM 1P1
 | * MAT 1L1
 |
| SCIENCE | * SNC 1D1
 | * SNC 1P1
 | * SNC 1L1
 |
| CANADIAN. GEOGRAPHY  | * CGC 1D1
 | * GCG 1P1
 |
| FRENCH | * FSF 1D1
 | * FSF 1P1
 |
| HEALTHY ACTIVE LIVING EDUCATION  | * PPL 1OF

Female | * PPL 1OM

Male |
| CIVICS & CAREERS (0.5 credit each) | * CHV 2O1 & GLC 2O1
 |

**PART B - ELECTIVE COURSES**

Select **one** course from the following list.

|  |  |
| --- | --- |
| COURSE | COURSE CODE |
| DRAMATIC ARTS | * ADA 2O1
 |
| MUSIC - BAND | * AMI 1O1
 |  |
| VISUAL ARTS  | * AVI 1O1
 |
| LEARNING STRATEGIES | * GLE 1O9

(Students with an IEP) |
| INTRODUCTION TO LATIN  | * LVL BD1
 |
| INTRODUCTION TO ITALIAN  | * LWI BD1
 |
| INTRODUCTION TO SPANISH  | * LWS BD1
 |
| COMPUTER ENGINEERING TECHNOLOGY  | * TEJ 2O1
 |

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| **\_\_ \_\_ \_\_ \_\_ \_\_ \_\_** |

**PART C – ALTERNATE COURSE**

Select **one** alternate course from the list of electives and record the course code in the space provided.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

 **Student Signature Parent/Guardian Signature Date**

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| --- |
| ***Course Selection Process -*** *Course selection sheets are used for educational planning and required for each year.**Please note that changes to a student’s program will only be made in consultation with parents and for sound educational reasons and where enrolment is insufficient to warrant a course being offered or in case of a conflict with the timetable.* |