

***Jarvis Collegiate Institute***

495 Jarvis Street

**Tel:** 416-393-0140 **Fax:** 416-393-8570

**GRADE 9 COURSE SELECTION SHEET 2021-2022**

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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  (work) \_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_ 🞏 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**

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| 1. Current School Name: | | Telephone #: | | | **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 🞏 Learning Disability  🞏 Autism 🞏 Language Impairment  🞏 Deaf/Hard of Hearing 🞏 Speech Impairment  🞏 Mild Intellectual Disability  Check 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. Teacher suggestion(s) / input on student’s course type selections, programming needs and learning styles:**  8. Name of Principal or Designate (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |

**JARVIS COLLEGIATE INSTITUTE**

**GRADE 9 COURSE SELECTION SHEET**

**2021-2022**

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| --- | --- | --- | --- | --- | --- | --- |
| ***Student Name*** |  |  | ***TDSB Student #*** |  |  |  |

**STUDENTS MUST SELECT A FINAL TOTAL OF 8 COURSES**

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| **PART A – REQUIRED COURSES ( 6 )** |

Choose Academic or Pre-Advanced Placement level for each of the following courses. Choose either Female or Male for Healthy Active Living Education. Put a check (√) in the appropriate box.

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| **SUBJECT** | **ACADEMIC PATHWAY** | | | **PRE-ADVANCED PLACEMENT PATHWAY** | | | **ESL** | | |
| ENGLISH | ENG1D1  MTH1W1  SNC1D1  CGC1D1  FSF1D1  FSF1O2 Intro. to French (2 yrs or fewer) | | | ENG1D0 | | | ESL A +  B  *or*  ESL C +  D  *or*  ESL E | | |
| MATHEMATICS | MPM1D0 | | |
| SCIENCE | SNC1D0 | | |
| GEOGRAPHY |  | | |
| FRENCH |  | | |  | | |
| HEALTHY ACTIVE LIVING EDUCATION - OPEN | |  | PPL1OF – Female | |  | PPL1OM - Male | |  | PPL1O1 – Co-Ed |

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| **PART B – OPTIONAL - OPEN COURSES ( 2 )** |

**From the following list of optional courses, choose TWO (2). All courses are offered as OPEN level only. Indicate your 1st choice (1), and 2nd choice (2), by writing the number 1 or 2 in the box beside your choice. All courses are subject to availability.**\* strings = violin, viola, cello or bass; beginner means no instrumental experience

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| DRAMATIC ARTS |  | ADA1O1 | INTRO TO INFO TECHNOLOGY IN BUSINESS |  | BTT1O1 |
| MUSIC – VOCAL |  | AMV1O1 | LEARNING STRATEGIES  (For Special Education students with an IEP) |  | GLE1O9 |
| MUSIC – BAND (BEGINNER) |  | AMI1O2\* | LEARNING STRATEGIES  (for students with no IEP) |  | GLS1O1 |
| MUSIC – BAND (EXPERIENCED) |  | AMI1O1 |  |  |  |
| MUSIC – STRINGS (BEGINNER) |  | AMS1O2\* |  |  |  |
| MUSIC – STRINGS (EXPERIENCED) |  | AMS1O1\* |  |  |  |
| VISUAL ARTS (Expressing Aboriginal Cultures) |  | NAC1O1 |

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| **ALTERNATE COURSES:** Choose two alternate courses: | **ALTERNATE COURSE #1:** |  |
|  | **ALTERNATE COURSE #2:** |  |

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| Middle School Approval Signature |  | Parent’s Signature |  | Student’s Signature |  | Date |