



## Registering for Grade 9 at Jarvis Collegiate Institute

Documents to Register at Jarvis C.I.

416-393-0140

Please bring original documentation with you to the school.

1. Proof of age of student. Any **one** of: Birth Certificate, Baptismal Record, Canadian Passport/Citizenship Card, Refugee Claimant papers, Confirmation of Permanent Residence, Permanent Resident Card, or TDSB School Admission Letter.
2. Proof of Address for Parent/Guardian or Student. Any **two** of: Current Lease or Deed, Current Utility Bill, Current Property Tax Bill, Current Motor Vehicle Ownership and Insurance, Original Interim Property Tax Bill, Health Card Correspondence, Current Bank Statement, Original Credit Card Statement (personal information on document may be blocked out), Recent correspondence from a government agency, Most recent original Income Tax Assessment (personal information on document may be blocked out), Recent correspondence from a Municipal, Federal or Provincial Government Agency.
3. Most recent report card.
4. Health Card.
5. IEP/IPRC [if applicable].



# Jarvis Collegiate Institute

## GRADE 9 COURSE SELECTION SHEET 2018-2019

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*T.D.S.B. Student Number*

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*OEN*

### A: STUDENT INFORMATION (Please Print)

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) _____ - _____ - _____ <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian (work) _____ - _____ - _____ <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian (mobile) _____ - _____ - _____ <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian (mobile) _____ - _____ - _____ <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian	
Email Addresses:  Student: _____  Contact 1: _____ <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian  Contact 2: _____ <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian			

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

1. Current School Name:	Telephone #:	2. Current French Program: <input type="checkbox"/> Core (no modifications) <input type="checkbox"/> Core (with modifications) <input type="checkbox"/> Extended <input type="checkbox"/> Immersion <input type="checkbox"/> None (exemption)	
3a. IEP/IPRC: <input type="checkbox"/> NO IEP <input type="checkbox"/> IEP (accommodations only) <input type="checkbox"/> IEP (modifications) <input type="checkbox"/> IEP (transition plan) <input type="checkbox"/> NOT IPRC'd <input type="checkbox"/> Psych-Ed Assessment complete <input type="checkbox"/> Speech and Language <input type="checkbox"/> IPRC Pending <input type="checkbox"/> IPRC to be initiated <input type="checkbox"/> IPRC'd: Review Date _____	3b. Identification: <input type="checkbox"/> Behaviour <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Blind/Low Vision <input type="checkbox"/> Physical Disability <input type="checkbox"/> Giftedness <input type="checkbox"/> Learning Disability <input type="checkbox"/> Autism <input type="checkbox"/> Language Impairment <input type="checkbox"/> Deaf/Hard of Hearing <input type="checkbox"/> Speech Impairment <input type="checkbox"/> Mild Intellectual Disability  Check all that apply	3c. Current Level of Support: <input type="checkbox"/> NONE <input type="checkbox"/> Indirect Support <input type="checkbox"/> Resource Assistance <input type="checkbox"/> Withdrawal /Resource <input type="checkbox"/> Home School Program <input type="checkbox"/> Intensive Support Program <input type="checkbox"/> Other: _____	
4a. ELL/ELD: <input type="checkbox"/> ELL <input type="checkbox"/> ELD	4b. Current ESL Support: <input type="checkbox"/> NONE <input type="checkbox"/> Withdrawal <input type="checkbox"/> In-Class Support <input type="checkbox"/> ESL Class <50%/day <input type="checkbox"/> ESL CLASS>50%/day	4c. Recommended Placement: <input type="checkbox"/> ESL A <input type="checkbox"/> ESL B <input type="checkbox"/> ESL C <input type="checkbox"/> ESL D <input type="checkbox"/> ESL E <input type="checkbox"/> ELD A <input type="checkbox"/> ELD B <input type="checkbox"/> ELD C <input type="checkbox"/> ELD D <input type="checkbox"/> ELD E <input type="checkbox"/> ELL Assessment completed <input type="checkbox"/> Assessment Attached	
5. Country of Birth: _____ First Language: _____ If born outside of Canada, indicate arrival date: Month: _____ Year: _____			
6. Resident of School Area: <input type="checkbox"/> yes <input type="checkbox"/> 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

2018 – 2019

Student Name \_\_\_\_\_

TDSB Student # 

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

### PART A – REQUIRED COURSES ( 6 )

Choose Academic, Applied, Locally Developed or Enriched\*\* (Pre-Advanced Placement) level for each of the following courses. Choose either boys or girls for Healthy Active Living Education. Put a check (✓) in the appropriate box.

SUBJECT	ACADEMIC	APPLIED	LOCALLY DEVELOPED	PRE-ADVANCED PLACEMENT (ENRICHED)	ESL
ENGLISH	<input type="checkbox"/> ENG1D1	<input type="checkbox"/> ENG1P1	<input type="checkbox"/> ENG1L1	<input type="checkbox"/> ENG1D3**	<input type="checkbox"/> ESL A + <input type="checkbox"/> GLS <i>or</i> <input type="checkbox"/> ESL B + <input type="checkbox"/> C <i>or</i> <input type="checkbox"/> ESL D + <input type="checkbox"/> E
MATHEMATICS	<input type="checkbox"/> MPM1D1	<input type="checkbox"/> MFM1P1	<input type="checkbox"/> MAT1L1	<input type="checkbox"/> MPM1D3**	
SCIENCE	<input type="checkbox"/> SNC1D1	<input type="checkbox"/> SNC1P1	<input type="checkbox"/> SNC1L1	<input type="checkbox"/> SNC1D3**	
GEOGRAPHY	<input type="checkbox"/> CGC1D1	<input type="checkbox"/> CGC1P1			
FRENCH	<input type="checkbox"/> FSF1D1	<input type="checkbox"/> FSF1P1	<input type="checkbox"/> FSF1O1 Intro. to French (2 yrs or fewer)		
HEALTHY ACTIVE LIVING EDUCATION - OPEN			<input type="checkbox"/> PPL1OF – GIRLS	<input type="checkbox"/> PPL1OM - BOYS	

### 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 1<sup>st</sup> choice (1), and 2<sup>nd</sup> 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

DRAMATIC ARTS	<input type="checkbox"/>	ADA1O1	INTRO TO INFO TECHNOLOGY IN BUSINESS	<input type="checkbox"/>	BTT1O1
MUSIC – VOCALS	<input type="checkbox"/>	AMV1O1	LEARNING STRATEGIES (For Special Education students with an IEP)	<input type="checkbox"/>	GLE1O9
MUSIC – BAND (BEGINNER)	<input type="checkbox"/>	AMI1O2*	LEARNING STRATEGIES (for students with no IEP)	<input type="checkbox"/>	GLS1O1
MUSIC – BAND (EXPERIENCED)	<input type="checkbox"/>	AMI1O1			
MUSIC – STRINGS (BEGINNER)	<input type="checkbox"/>	AMS1O2*			
MUSIC – STRINGS (EXPERIENCED)	<input type="checkbox"/>	AMS1O1*			
VISUAL ARTS (Expressing Aboriginal Cultures)	<input type="checkbox"/>	NAC1O1			

**ALTERNATE COURSES:** Choose two alternate courses.

**ALTERNATE COURSE #1:** \_\_\_\_\_

**ALTERNATE COURSE #2:** \_\_\_\_\_

\_\_\_\_\_  
Middle School Approval Signature

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date



# STUDENT REGISTRATION FORM

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

School Name: \_\_\_\_\_  
(School in which the student is registering)

Student OEN (Ontario Education Number): \_\_\_\_\_

<i>Shaded Area for Office Use Only</i>				
Trillium Student No.	Grade	Admit Date (yyyy/mm/dd)	Program	Homeroom
<b>Admit Code</b> <input type="checkbox"/> Beginner(JK/SK) <input type="checkbox"/> From Other School Board <input type="checkbox"/> From Province Outside Ontario <input type="checkbox"/> From this Board <input type="checkbox"/> Beginner/DayCare <input type="checkbox"/> From Outside Canada <input type="checkbox"/> From Private School in Ontario <input type="checkbox"/> Returning from <input type="checkbox"/> From Native Ed. Auth. School <input type="checkbox"/> From other country, born in Canada <input type="checkbox"/> Returning after non-attendance Exchange				
<input type="checkbox"/> Most recent Report Card		Verified by: _____		
(PLEASE PRINT)				
<b>STUDENT INFORMATION:</b>				
Name: _____ <span style="display: flex; justify-content: space-between;"><span>(Legal Last)</span><span>(Legal First)</span><span>(Legal Middle)</span></span>				
Name: _____ <span style="display: flex; justify-content: space-between;"><span>(Preferred Last)</span><span>(Preferred First)</span><span>(Preferred Middle)</span></span>				
Date of Birth ____/____/____ <span style="font-size: small; margin-left: 50px;">y y y y m m d d</span>			Male <input type="checkbox"/> Female <input type="checkbox"/>	
<b>STUDENT CONTACT INFORMATION</b> ( <i>optional</i> )				
Cell Phone ____ - ____ - ____		E-mail Address: _____		
<i>Note: Legal Name must be shown on legal document (i.e. birth certificate, passport, change of name order, adoption order, etc.) and will appear on all school Official Records</i>				
<b>HOME ADDRESS:</b>				
<i>Proof of Residency Verification Document Shown</i> 1) _____ <i>Note: Principal may require such additional</i> 2) _____ <i>verification documentation as he/she deems</i> <i>necessary to confirm residency.</i>				
Number _____ Street _____				
Apt. No. _____		Unit No. _____		Suite No. _____
City/Town _____		Province _____		Postal Code _____
<b>HOME PHONE NUMBER:</b> ____ - ____ - ____			Listed: Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Fill in the section below <u>ONLY</u> if country of birth is other than Canada</b>			<b>Verification Document:</b> _____ <b>Yellow ESL Verification Form Complete:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Birth Country _____		Country of Last Residence _____		
Status in Canada _____		First Arrival Date in Canada _____ Expiry Date _____		

**To be completed for ALL students:**

Country of Citizenship: \_\_\_\_\_ Province of Birth: \_\_\_\_\_

*(If born in Canada)*Languages Spoken (*indicate all languages including English*)1) \_\_\_\_\_ First Language  Spoken at Home 2) \_\_\_\_\_ First Language  Spoken at Home **EDUCATIONAL BACKGROUND****Has the student ever been registered at a school within the Toronto District School Board?** Yes  No If **Yes**, provide the name of the school: \_\_\_\_\_ Last grade attended \_\_\_\_\_If **No**, provide the name of the school most recently attended: \_\_\_\_\_

School Address \_\_\_\_\_ School Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ School Fax Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ School E-mail: \_\_\_\_\_

Name of the School Board: \_\_\_\_\_

Has the student previously received Special Education Support? Yes  No 

Type of program (if known): \_\_\_\_\_

Is the student **currently** under **suspension** from any school or board? Yes  No Is the student **currently** under **expulsion** from any school or board? Yes  No **FOR SECONDARY SCHOOL USE ONLY:**

<i>Proof of Literacy Test Result Received:</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Transcript Attached:</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>First Entered ONT Sec. Schools after Grade 9:</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Cohort Year:</i>	_____ (school year)	

Previous Community Service Hours completed outside Toronto District School Board: \_\_\_\_\_ hours

Grade 10 Literacy Test successfully completed (*Please provide proof of results*) Yes  No **MEDICAL INFORMATION***Proof of Immunization Record Shown* Yes  No Health Card No. \_\_\_\_\_ (Version No.) (*optional but recommended*)**Medical Conditions:**

If your child has medical needs or conditions of which the school should be aware, please describe the condition(s) below:

_____	<b>Life Threatening</b>
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

**SIBLING INFORMATION:** (*if the student has brothers or sisters in this school, please indicate*)

Last Name

First Name

1) \_\_\_\_\_

2) \_\_\_\_\_

**INDIGENOUS STUDENT SELF-IDENTIFICATION:**All parents/guardians of Indigenous students, and students where they are 18 years of age or older, have the right to voluntarily self-identify. **Please check the most appropriate box to indicate Indigenous Identity (if applicable). Please select one box only.** First Nation Ancestry (Status or non-Status) Aboriginal person from outside Canada Metis Ancestry  Inuit Ancestry Other

**PARENTS OR LEGAL GUARDIAN INFORMATION ONLY**

If Parents are separated or divorced they must provide the school with information about the custody/access arrangements with respect to their child, as per the Ontario Student Record Guidelines.

Documentation Received: Yes  No  Not Applicable

Contact priority should be based on whom to call in the case of an emergency and/or school closure

Note: If e-mail address is provided, the school **may** use it for contact purposes.

1) Last Name \_\_\_\_\_ First Name \_\_\_\_\_

(Please check all applicable boxes.) Male  Female

Legal documents (custody order) are required in order for us to process a change to our records.

**Relationship:**  Access to Child  Guardian  Lives with Student  Access to Records  
 Mother  No Access  Custody  Receives Mail  Speaks School Language  
 Father

Foster Parent (Circle below, 1 = high, 4 = low)

Legal Guardian

For Emergency: Priority 1 2 3 4 For School Closure: Priority 1 2 3 4

Home No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Listed: Yes  No

Business No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_ Cell No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail Address\* \_\_\_\_\_

Consent for emails for a commercial nature\*\* \_\_\_\_\_ (Initial) [if you do not consent, please leave blank]

**Home Mailing Address** (complete if different from student)

Number \_\_\_\_\_ Street \_\_\_\_\_

Apt. No. \_\_\_\_\_ Unit No. \_\_\_\_\_ Suite No. \_\_\_\_\_

City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

2) Last Name \_\_\_\_\_ First Name \_\_\_\_\_

(Please check all applicable boxes.) Male  Female

Legal documents (custody order) are required in order for us to process a change to our records.

**Relationship:**  Access to Child  Guardian  Lives with Student  Access to Records  
 Mother  No Access  Custody  Receives Mail  Speaks School Language  
 Father

Foster Parent (Circle below, 1 = high, 4 = low)

Legal Guardian

For Emergency: Priority 1 2 3 4 For School Closure: Priority 1 2 3 4

Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Listed: Yes  No

Business No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_ Cell No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail Address\* \_\_\_\_\_

Consent for emails for a commercial nature\*\* \_\_\_\_\_ (Initial) [if you do not consent, please leave blank]

**Home Mailing Address** (complete if different from student)

Number \_\_\_\_\_ Street \_\_\_\_\_

Apt. No. \_\_\_\_\_ Unit No. \_\_\_\_\_ Suite No. \_\_\_\_\_

City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

**If a parent/guardian cannot be contacted use the following emergency contact:**

1) Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Male  Female  Relationship to student: \_\_\_\_\_

(Circle below, 1 = high, 4 = low)

For Emergency: Priority 1 2 3 4 For School Closure: Priority 1 2 3 4

Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Business No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

2) Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Male  Female  Relationship to student/comment: \_\_\_\_\_

(Circle below, 1 = high, 4 = low)

For Emergency: Priority 1 2 3 4 For School Closure: Priority 1 2 3 4

Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Business No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

**ADDITIONAL STUDENT INFORMATION: (if required for school)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For Funding Purposes**

**Fees Required if: (Approved by TDSB Admissions Office)**

- Student is a non-resident pupil on a Study Permit.
- Student is a Visitor to Canada
- Fees are paid by the Government of Canada
- Fees are paid by a Native Education Authority

**If uncertain**, please consult or refer parent/guardian to the Toronto District School Board Admission Office, 5050 Yonge Street, Toronto, Ontario, M2N 5M8, or call (416) 395-8120.

All information provided above is correct and true. All admissions are conditional pending receipt of required documentation.

\_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
y y y y m m d d

Signature of Parent/Legal Guardian

Personal information on this form is collected under the authority of the *Education Act*, R.S.O. 1990, c.E.2 and the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O., 1990, c.M.56, and will be used by School Administration in the creation of the Emergency Calling Network and for school registration purposes. The Ontario Health Card number will be shared with local public health authorities. All personal information collected on this form will be stored on the Office Index Card. This information is updated annually. Questions about this collection should be directed to the F.O.I. Coordinator at the Toronto District School Board, 5050 Yonge Street, Toronto, Ontario, M2N 5M8, Tel. (416)397-3288.

\*Email address will be used to provide information such as student progress and information nights and information from Board officials or the Board of Trustees that relate to the education of students or operation of schools.  
 \*\*Email address will also be used to provide information of a commercial nature. Canada's new Anti-Spam Legislation (CASL) took effect on July 1, 2014. CASL prohibits the sending of any type of electronic message that is commercial in nature unless the recipient has provided consent first. As a result, Toronto District School Board requires your consent to send you emails which contain advertising or promotions regarding school fundraisers, lunch programs, field trips, the sale of yearbooks, purchasing of student photos, books, prom or dance tickets, athletic events with an entry fee or similar events and offers.