



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 2019-2020

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T.D.S.B. Student Number

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A: STUDENT INFORMATION (Please Print)

Student's Family Name (Last)	Given Name (First)	Middle Initial	Gender: _____
Student Address _____ <i>(Street No.) (Street) (Apt/Unit No.)</i> _____ <i>(City) (Postal Code)</i>		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:	3b. Identification:		3c. Current Level of Support:
<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 _____	<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 <div style="text-align: center;">Check all that apply</div>		<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:	4b. Current ESL Support:	4c. Recommended Placement:	
<input type="checkbox"/> ELL <input type="checkbox"/> ELD	<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	<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
2019 – 2020

Student Name _____

TDSB Student #

STUDENTS MUST SELECT A FINAL TOTAL OF 8 COURSES

PART A – REQUIRED COURSES (6)

Choose Academic , Pre-Advanced Placement or ESL 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	ENHANCED PATHWAYS	PRE-ADVANCED PLACEMENT	ESL
ENGLISH	<input type="checkbox"/> ENG1D1	<input type="checkbox"/> ENG1D3	<input type="checkbox"/> ESL A + <input type="checkbox"/> B <i>or</i> <input type="checkbox"/> ESL C + <input type="checkbox"/> D <i>or</i> <input type="checkbox"/> ESL E
MATHEMATICS	<input type="checkbox"/> MPM1D1	<input type="checkbox"/> MPM1D3	
SCIENCE	<input type="checkbox"/> SNC1D1	<input type="checkbox"/> SNC1D3	
GEOGRAPHY	<input type="checkbox"/> CGC1D1		
FRENCH	<input type="checkbox"/> FSF1D1		
	<input type="checkbox"/> FSF1O1 Beginner French (3 years 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 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

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 students with an IEP) <input type="checkbox"/> GLE1O9
MUSIC – BAND (BEGINNER) <input type="checkbox"/> AMI1O2*	LEARNING STRATEGIES (For students without an 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)

Shaded Area for Office Use Only

Student OEN (Ontario Education Number): _____

Trillium Student No.	Grade	Admit Date (yyyy/mm/dd)	Program	Homeroom
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Admit Code

Beginner(JK/SK) From Other School Board From Province Outside Ontario From this Board
 Beginner/DayCare From Outside Canada From Private School in Ontario Returning from
 From Native Ed. Auth. School From other country, born in Canada Returning after non-attendance Exchange

Most recent Report Card

Verified by: _____

(PLEASE PRINT)

STUDENT INFORMATION:

Name: _____
(Legal Last) (Legal First) (Legal Middle)

Name: _____
(Preferred Last) (Preferred First) (Preferred Middle)

Date of Birth ____/____/____ Male Female
y y y y m m d d

STUDENT CONTACT INFORMATION *(optional)*

Cell Phone _____ - _____ - _____ E-mail Address: _____

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

HOME ADDRESS:

Proof of Residency Verification Document Shown 1) _____

Note: Principal may require such additional verification documentation as he/she deems necessary to confirm residency. 2) _____

Number _____ Street _____

Apt. No. _____ Unit No. _____ Suite No. _____

City/Town _____ Province _____ Postal Code _____

HOME PHONE NUMBER: _____ - _____ - _____ Listed: Yes No

Fill in the section below ONLY if country of birth is other than Canada

Verification Document: _____
Yellow ESL Verification Form Complete: Yes No

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:

_____	Life Threatening
_____	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.**

<input type="checkbox"/> First Nation Ancestry (Status or non-Status)	<input type="checkbox"/> Aboriginal person from outside Canada
<input type="checkbox"/> Metis Ancestry <input type="checkbox"/> Inuit Ancestry	<input type="checkbox"/> 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
 Legal Guardian (Circle below, 1 = high, 4 = low)

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

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: ____ / ____ / ____
 Signature of Parent/Legal Guardian y y y y m m d d

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.