



# Northern Secondary School

## GRADE 9 COURSE SELECTION INFORMATION

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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  _____ <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"/> Blind/Low Vision <input type="checkbox"/> Giftedness <input type="checkbox"/> Autism <input type="checkbox"/> Deaf/Hard of Hearing <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: _____			