



Richview Collegiate Institute

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1738 Islington Ave.,
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M9A 3N2
Tel: (416)394-7980
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December, 2021

For Parents/Guardians of **Grade 9 TCDSB, Private School** students and **new residents living in the Richview attendance area** for the **English program**.

To complete the application process for your child we require the following information:

- ☐ The completed enclosed "Application for Student Registration" form.
- ☐ Proof of student's birth date (eg. birth certificate or passport)
- ☐ Proof of immunization
- ☐ **Three** proofs of residency such as utility bill (hydro, water, gas), cable/internet bill, insurance policy (home, tenant, auto or life), property tax bill, mortgage statement, purchase or rental agreement, correspondence from a government agency. **All of the pages of the originals must be brought in and your name and address must be on all documents.** We do not accept a driver's licence.
- ☐ Proof of Canadian citizenship/eligible immigration status
- ☐ Guardian/custody documents (if applicable)
- ☐ The completed and signed "Course Selection Sheet" (with required signatures from current school).
- ☐ A copy of last report card

Please contact the Guidance office (extension 20040) to make arrangements to bring in the completed registration form, Course Selection Sheet, original proofs of residency, birth certificate/passport & guardian/custody documentation. Please submit the completed forms and required documents by **Friday, February 25, 2022** at the latest.

Yours truly,

Matt Perry
Assistant Curriculum Leader
Student Services

Lucie Kletke
Principal



STUDENT REGISTRATION FORM

(PLEASE PRINT)

STUDENT INFORMATION

Legal Surname: _____ Preferred Surname: _____
 Legal Middle Name: _____ Preferred First Name: _____
 Legal First Name: _____ Date of Birth (yyyy/mm/dd): _____
 Gender (select one): Female ☐ Male ☐ Not Disclosed ☐ Self Identified ☐ Please specify: _____

Note: Legal Name as shown on legal document (i.e. birth certificate, passport, change of name order, etc.) and will appear on all school Official Records

STUDENT ADDRESS INFORMATION

Home Address: _____
Number Street Apt/Unit/Suite Number

City/Town Province Postal Code
 Home Phone Number: _____ Listed: Yes ☐ No ☐

STUDENT LANGUAGE, CITIZENSHIP AND IMMIGRATION INFORMATION

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 ☐

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

Birth Country: _____ Country of Last Residence: _____
 Status is Canada: _____ Date Arrived in Canada: _____ Expiry Date: _____

MEDICAL INFORMATION

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 ☐ No ☐

Yes ☐ No ☐

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

Surname (1): _____ Surname (2): _____
 First Name (1): _____ First Name (2): _____

EDUCATIONAL BACKGROUND

Name of Previous School: _____

Previous School Address: _____ Phone: _____
City/Town Province

Previous School Board: _____

Last Date of Attendance: _____ Reason for Transfer: _____

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: _____

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 ☐**PARENT/LEGAL GUARDIAN CONTACT INFORMATION****CONTACT 1**Surname: _____ First Name: _____ Male ☐ Female ☐Relationship to student: _____ Emergency priority: 1 2 3 4 School Closure priority: 1 2 3 4
circle your choice: 1=high priority, 4=low priority

Home Phone Number: _____

Business Phone Number: _____

Cell Phone Number: _____

Email Address: _____

CASL ☐

Home Mailing Address (complete if different than student's)

Number Street City/Town Province Postal Code

Check all applicable boxes

Has Access to Student	Legal Guardian <input type="checkbox"/>	Receives Mail <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Has Custody <input type="checkbox"/>	Has Access to Records <input type="checkbox"/>
	Lives with student <input type="checkbox"/>	Speaks English <input type="checkbox"/>

CONTACT 2Surname: _____ First Name: _____ Male ☐ Female ☐Relationship to student: _____ Emergency priority: 1 2 3 4 School Closure priority: 1 2 3 4
circle your choice: 1=high priority, 4=low priority

Home Phone Number: _____

Business Phone Number: _____

Cell Phone Number: _____

Email Address: _____

CASL ☐

Home Mailing Address (complete if different than student's)

Number Street City/Town Province Postal Code

Check all applicable boxes

Has Access to Student	Legal Guardian <input type="checkbox"/>	Receives Mail <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Has Custody <input type="checkbox"/>	Has Access to Records <input type="checkbox"/>
	Lives with student <input type="checkbox"/>	Speaks English <input type="checkbox"/>

EMERGENCY CONTACT INFORMATION (If parent/guardian cannot be reached)**CONTACT 1**Surname: _____ First Name: _____ Male ☐ Female ☐Relationship to student: _____ Emergency priority: 1 2 3 4 School Closure priority: 1 2 3 4
circle your choice: 1=high priority, 4=low priority

Home Phone Number: _____

Business Phone Number: _____

CONTACT 2Surname: _____ First Name: _____ Male ☐ Female ☐Relationship to student: _____ Emergency priority: 1 2 3 4 School Closure priority: 1 2 3 4
circle your choice: 1=high priority, 4=low priority

Home Phone Number: _____

Business Phone Number: _____

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 single box to indicate Indigenous Identity (if applicable).

First Nation Ancestry (Status or non-Status) ☐Indigenous person outside of Canada ☐Métis Ancestry ☐Inuit Ancestry ☐Other ☐**ADDITIONAL STUDENT INFORMATION** (If required for school)

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

Signature of Parent/Legal Guardian_____
yyyy/mm/dd

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 or concerns about this collection should be directed to the Privacy Office, Toronto District School Board, 1 Civic Center Court, 4th floor, Etobicoke Ontario, M9C 2B3 or (416) 394-2344.

*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.



RICHVIEW COLLEGIATE INSTITUTE

1738 Islington Avenue, Toronto, ON M9A 3N2

Phone: 416-394-7980 Fax: 416-394-6987

GRADE 9 COURSE SELECTION SHEET 2022-2023

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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		Date of Birth:		
(Street No.) (Street) (Apt/Unit No.)		DAY MONTH YEAR		
(City) (Postal Code)		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 <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Physical Disability <input type="checkbox"/> Learning Disability <input type="checkbox"/> Language Impairment <input type="checkbox"/> Speech Impairment Check all that apply		<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: _____					

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Phone: 416-394-7980 Fax: 416-394-6987
Regular Program Course Selection Guide



Student's Last Name:	Student's First Name:
Student Number:	Current School:

ALL STUDENTS MUST TAKE 8 COURSES.

CORE SUBJECTS – Please indicate your Language choice with an X	
English	<input checked="" type="checkbox"/> ENG1D1
Mathematics	<input checked="" type="checkbox"/> MTH1W1
Science	<input checked="" type="checkbox"/> SNC1W1
Language French	<input type="checkbox"/> FSF1D1 or <input type="checkbox"/> FSF1O2 <small>Academic French (600 hours of previous Core French instruction needed)</small> <small>Beginner French (Less than 600 hours of Core French previously)</small>
Geography	<input checked="" type="checkbox"/> CGC1D1
HEALTH & PHYSICAL EDUCATION	
Healthy & Active Living	<input checked="" type="checkbox"/> PPL1O1 (co-ed)
THE ARTS – Please indicate your first (1) & second (2) preferences. All courses are (O) Open.	
Visual Arts	_____ NAC1O1
Expressions of First Nations, Métis, and Inuit Cultures	_____ AMV1O1
Music – Vocal/Choral	_____ AMI1O2
Music – Band (Beginning)	_____ AMS1O2
Music – Strings (Beginning)	_____ AMK1O1
Music – Keyboard	_____ AMI1O1
<small>The courses below are only available to students with previous musical experience.</small>	_____ AMS1O1
Music – Band (Experienced)	_____ AMS1O1
Music – Strings (Experienced)	_____ AMS1O1
OPTIONAL SUBJECTS – Please indicate your first (1) & second (2) preferences. All courses are (O) Open.	
Intro to Information Technology in Business	_____ BTT1O1
Spanish	_____ LWSBD1
Learning Strategies (for students with an IEP)*	_____ GLE1O9
Learning Strategies (for students without an IEP)	_____ GLS1O1
<small>*Students who have been identified as exceptional via the IPRC process or students who have an IEP are eligible to take GLE1O9.</small>	

Student's Signature

Parent's/Guardian's Signature

Approval of Middle School

The signature above authorizes the publication of the photograph of this student in the Yearbook, in the media highlighting school events, or for other official school purposes. Course Selection Sheets are used for educational planning and are required each year. Please note that changes to a student's program will only be made for educational reasons and where enrolment is insufficient to warrant a course being offered.

NAC101

Expressions of First Nations, Metis, and Inuit Cultures, Open

This course is a studio-based art course, involving drawing, painting, printmaking and other art mediums including the use of technology. The course offers an exciting and refreshingly new approach to Visual Arts, where students explore styles, techniques and subject matter characteristic of Indigenous cultures. Students create works of art by incorporating materials, themes and subject matter associated with Indigenous cultures. This course is not about "making native art" but is about looking at native art and culture in order to inspire the student's own ideas.

NAC105

Expressions des Cultures Autochtones (Premières Nations, Métis et Inuits), Open

This course is for French Immersion. For the descriptor, please see NAC101.

AMI102

**Instrumental Music - Band
Beginning, Open**

This course is for students who are changing their instrument and already know how to read music. For the descriptor, please see Instrumental Music - Band, Experienced.

AMK101

**Instrumental Music - Keyboard
Beginning, Open**

Students will focus on the skills specific to the piano keyboard and will learn authentic repertoire.

AMI101

**Instrumental Music - Band
Experienced, Open**

Students will focus their work on the various aspects of musical performance through the study of woodwind, brass or percussion instruments in a band setting.

AMS101

**Instrumental Music - Strings
Experienced, Open**

Students will focus their work on the various aspects of musical performance through the study of a string instrument in an orchestra setting.

AMV101

**Music - Vocal/Choral
Open**

This course is designed for students wishing to learn about singing and participate in a choir setting.

BTT101

**Introduction to Information and Communication Technology in Business,
Open**

This course introduces students to information and communication technology in a business environment and builds a foundation of digital literacy skills necessary for success in a technologically driven society. Students will develop word processing, spreadsheet, database, desktop publishing, presentation software, and website design skills.

Throughout the course, there is an emphasis on digital literacy, effective electronic research and communication skills, and current issues related to the impact of information and communication technology.

BTT105**Introduction à l'information appliquée, Open**

This course is for French Immersion. For the descriptor, please see Information and Communication Technology in Business, Open.

GLS101 (for students without an IEP)**Learning Strategies I - Skills for Success in Secondary School, Open**

This course focuses on learning strategies to help students become better, more independent learners. Students will learn how to develop and apply literacy and numeracy skills, personal management skills, and interpersonal and teamwork skills to improve their learning and achievement in school, the workplace, and the community. The course helps students build confidence and motivation to pursue opportunities for success in secondary school and beyond.

GLS104 (for students without an IEP)**Stratégies d'Apprentissage I - Skills for Success in Secondary School, Open**

This course is for Extended French. For the descriptor, please see GLS101.

GLS105 (for students without an IEP)**Stratégies d'Apprentissage I - Skills for Success in Secondary School, Open**

This course is for French Immersion. For the descriptor, please see GLS101.

GLE109 (for students with an IEP)**Learning Strategies I - Skills for Success in Secondary School, Open**

This course focuses on learning strategies to help students become better, more independent learners. Students will learn how to develop and apply literacy and numeracy skills, personal management skills, and interpersonal and teamwork skills to improve their learning and achievement in

school, the workplace, and the community. The course helps students build confidence and motivation to pursue opportunities for success in secondary school and beyond.

LWSBD1**Spanish, Level 1, Academic,**

Depending on the language studied, this course is designed to enable students to begin to communicate with native speakers of the language of study. Students will use simple language and read age and language appropriate passages for different purposes. They will explore the culture of the language spoken, including social customs and art.