

*Thistletown Collegiate Institute*

Phone Number 416-394-7710 Fax Number 416-394-7726

GRADE 9 COURSE SELECTION SHEET 2018 – 2019

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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:  *Female*  *Male* |
| Student Address  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(Street No.)* (Street) (Apt/Unit No.)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(City)* *(Postal Code)* | | Date of Birth:    \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_  DAY *MONTH YEAR* | |
| Telephone Numbers:  (home) ( ) \_\_\_\_\_\_\_ -\_\_\_\_\_\_\_\_ 🞏 Mother 🞏 Father 🞏Guardian  (business) ( ) \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_ 🞏 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 🞏 Mild Intellectual Disability   * Autism 🞏 Language Impairment * Deaf/Hard of Hearing 🞏 Speech Impairment   🞏 Learning 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. Accepted under Optional Attendance to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **8. Teacher suggestion(s) / input on student’s course type selections, programming needs and learning styles:**  9. Name of Principal or Designate (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |

**THISTLETOWN COLLEGIATE INSTITUTE**

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| **CORE SUBJECTS** – Based on the advice from Grade 8 teachers, indicate with an X your selection | |
| **English**  **ENG1D1**  **ENG1D6**  **ENG1D3**   Academic Gifted Enriched (application required)  **ENG1P1**  **ENG1L1**  **ESL** **A B C D E**  Applied Locally Developed (circle level) | |
| **Mathematics** **MPM1D1**  **MPM1D6**  **MPM1D3**   Academic Gifted Enriched (application required)  **MFM1P1**   **MAT1L1**    Applied Locally Developed | |
| **Science** **SNC1D1**  **SNC1D6**  **SNC1D3**   Academic Gifted Enriched (application required)  **SNC1P1**  **SNC1L1**   Applied Locally Developed | |
| **Geography of Canada** **CGC1D1**  **CGC1D6**  **CGC1D3**   Academic Gifted Enriched (application required)  **CGC1P1**   Applied | |
| **French** **FSF1D**  **FSF1P**   Academic Applied | |
| **Healthy Active Living Education** **PPL1OF**emale  or **PPL1OM**ale  | |
| **THE ARTS -** Please indicate your first (1) and second (2) preference. All courses are Open (O). | |
| **Dance ATC1O1** \_\_\_\_\_\_\_  **Dramatic Arts ADA1O1 \_\_\_\_\_\_\_**  **Visual Arts NAC1O1 \_\_\_\_\_\_\_** | **Music – Band AMI1O1 \_\_\_\_\_\_\_**  **Music – Vocal AMV1O1 \_\_\_\_\_\_\_** |
| **OPTIONAL SUBJECTS -** Please indicate your first (1) and second (2) preference.  *(Your first choice may not be available.)*  **Introduction to Information Technology in Business BTT1O** \_\_\_\_\_\_  **Exploring Technologies TIJ1O**  \_\_\_\_\_\_ | |
| **Learning Strategies and Skills Course GLS1O** \_\_\_\_\_\_  to support learning and organizational skills (circle Literacy or Numeracy) | |
| **Learning Strategies and Skills Course**  **COMMUNICATION COURSES** - Students who have been identified as **EXCEPTIONAL via the IPRC process** need to have middle school staff complete Sections 3 a, b, c on the front of this sheet and indicate if student needs to take GLE1O9 with a √.**GLE 1O9** \_\_\_\_\_\_  Please indicate area of need(s) and support Reading & Writing  Math  | |

Student’s Signature Parent’s/Guardian’s Signature Approval of Middle School

**COURSE SELECTION PROCESS**

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 sound educational reasons and where enrolment is insufficient to warrant a course being offered.