



YORK MEMORIAL COLLEGIATE'S 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: <input type="checkbox"/> Female <input type="checkbox"/> Male
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 (business) () _____ - _____ <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"/> Psycho-Ed Assessment complete <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"/> Learning Disability <input type="checkbox"/> Physical Disability <input type="checkbox"/> Gifted <input type="checkbox"/> Mild Intellectual Disability <input type="checkbox"/> Autism <input type="checkbox"/> ODD <input type="checkbox"/> ADHD <input type="checkbox"/> Other: _____ <input type="checkbox"/> ADD <input type="checkbox"/> Other: _____ Check all that apply	3c. Current Level of Support: <input type="checkbox"/> NONE <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 <input type="checkbox"/> Accepted under Optional Attendance to _____			
7. The program selected is based on the school's recommendations: <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. Teacher Comments:			
9. Name of Principal or Designate (please print): _____ Signature: _____			