



GRADE NINE INTENTION SHEET 2010 – 2011

(Students currently not registered with Niagara Catholic District School Board)

NAME: _____

ELEMENTARY SCHOOL: _____

All Grade Nine students will take six (6) compulsory courses and choose two (2) optional courses.
 During each semester, students will be enrolled in **four** different courses.

Compulsory Courses: Indicate with a check mark (√) beside each compulsory course your choice of Academic, Applied or Locally Developed. All students will take a **Religion** course each year at Blessed Trinity Catholic Secondary School.

Optional Courses: All Grade Nine students will select **two (2) optional** courses from within the five subject areas listed below. Indicate a first, second and third choice by using the numbers 1, 2 and 3. The third choice will only be used if there is a scheduling conflict with either the first or second choice. Students and parents may find course descriptions available on the Niagara Catholic District School Board web site at www.niagaracatholic.ca under Student Portal.

COMPULSORY COURSES				STUDENT SELECTION
1	ENGLISH	ENG1D	ACADEMIC	
		ENG1P	APPLIED	
		ENG1L	LOCALLY DEVELOPED	
2	FRENCH	FSF1D	ACADEMIC	
		FSF1P	APPLIED	
3	CANADIAN GEOGRAPHY	CGC1D	ACADEMIC	
		CGC1P	APPLIED	
4	MATHEMATICS	MPM1D	ACADEMIC	
		MFM1P	APPLIED	
		MAT1L	LOCALLY DEVELOPED	
5	RELIGION	HRE1O	OPEN	√
6	SCIENCE	SNC1D	ACADEMIC	
		SNC1P	APPLIED	
		SNC1L	LOCALLY DEVELOPED	

OPTIONAL COURSES (RANK 1 – 3)			
<i>INDICATE A FIRST, SECOND AND THIRD CHOICE BY USING THE NUMBER 1, 2, or 3</i>			
VISUAL ARTS	AVI1O	OPEN	
HEALTHY LIVING	PPL1OF	OPEN – FEMALE	
	PPL1OM	OPEN – MALE	
	PAL1OH	OPEN-HOCKEY	
	PAR1O	OPEN-DANCE AEROBICS	
MUSIC	AMI1OA	OPEN – INTRODUCTION	
	AMI1OB	OPEN – EXPERIENCED	
EXPLORING TECHNOLOGIES	TIJ1O	OPEN	
DRAMA	ADA1O	OPEN	
DANCE	ATC1O	OPEN	
LEARNING STRATEGIES	GLS1O	OPEN	

Personal information is collected under the authority of the Education Act. R.S.O. 1980 Chapter 1290 and will be used to register and prepare an individual timetable for the student at Blessed Trinity Catholic Secondary School.

Student's Signature: _____

Date: _____

Parent/Guardian's Signature: _____

Date: _____

OFFICE USE ONLY: FEE \$55.00	<input type="checkbox"/> CHEQUE # _____	<input type="checkbox"/> CASH	<input type="checkbox"/> OTHER
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Please complete the Personal Information form on the back of this intention sheet

Legal Surname: _____ Given Name: _____ Middle Name _____
(Circle one): Male / Female Date of Birth: Month _____ / Day _____ / Year _____
Address: _____ Apt. # _____ City: _____
Postal Code: _____ Telephone: _____
Last School Attended: _____ Religion/Church: _____

Lives with: Both Parents Mother Father Grandparent(s) Guardian Other _____

First Language: _____

Citizenship: _____ Entry Date: _____ Tax Support: _____

IPRC INFORMATION: Has this student been declared "exceptional" through an Identification, Placement and Review Committee? (IPRC) Yes No If yes, please specify: _____
Is student on an IEP? Yes No

PARENT INFORMATION

FATHER: Surname: _____ First Name: _____
Address (if different from student's) _____
Home Phone: _____ Cell Phone: _____ E-mail: _____
Employer: _____ Business Phone: _____
Religion/Church: _____ Marital Status: _____

MOTHER: Surname: _____ First Name: _____
Address (if different from student's) _____
Home Phone: _____ Cell Phone: _____ E-mail: _____
Employer: _____ Business Phone: _____
Religion/Church: _____ Marital Status: _____

GUARDIAN: Surname: _____ First Name: _____
Address (if different from student's) _____
Home Phone: _____ Cell Phone: _____ E-mail: _____
Employer: _____ Business Phone: _____
Religion/Church: _____ Marital Status: _____

Please describe any special custody agreements that affect the child: _____

HEALTH AND EMERGENCY INFORMATION

Health Card # _____ S.I.N. #: _____
In case of emergency, the school is to contact:
Name: _____ Relationship: _____ Phone: _____
Doctor's Name: _____ Phone: _____
Is the student Anaphylactic? Yes No Please specify: _____
List pertinent medical condition(s) the school should be aware of: _____

I hereby grant permission for school officials, when necessary, to transport my son or daughter to school activities, or, in the case of injury when I cannot be reached, to the hospital. I also give permission for my son/daughter to participate in co-curricular activities. If I withdraw this permission, a letter will be sent to the Principal. I further understand that it is the recommendation of Blessed Trinity and my responsibility, to enroll my son/daughter in the Student Accident Insurance Plan. If I choose not to purchase the insurance, I carry adequate insurance protection for my son/daughter. Personal information on this form is collected under the authority of the Education Act R.S.O. 1980, Chapter 129 and will be used for the Ontario Student Record Card and Administrative Purposes. If the release of student name, photo, video image, audio record and/or accomplishments is not to be permitted for school, Board or media publications and/or website, I will notify the Principal in writing before the first day of school. All questions or withdrawal of permission as indicated above is to be directed in writing to the Principal. I also give permission for my son's/daughter's photograph to be used for publication. I support that my son's/daughter's registration at Blessed Trinity is predicated upon my support for the values and philosophy of the Niagara Catholic District School Board; my support of the Policies and Guidelines of the Niagara Catholic District School Board; and my support of the Religious celebrations and activities in the school. My son/daughter will participate in all religious celebrations and activities and successfully complete a religious education credit course for each year of enrolment as required of all students in the Niagara Catholic District School Board.

Parent/Guardian Signature Date