



WELCOME TO GRADE 9
 Student Information
 Grade 9 Course Selection 2022-23
 Parent/Guardian Information

EXTERNAL

Hammarskjold

This form is for students who do not currently attend a Lakehead Public Schools Elementary School

Student Information

Legal Last Name _____ Preferred Last Name _____

Legal First Name _____ Preferred First Name _____

Middle Name(s) _____ Date of Birth _____
YYYY/MM/DD

Gender _____

Address _____ Postal Code _____

Primary Contact # _____ Is this a cell/mobile? Yes No

Is this number unlisted? Yes No

Parent Email Address _____

Current Elementary School _____ Gr. 8 Program English French Immersion

High School



**Hammarskjold
 High School**

Grade 9 Registration Checklist

- Complete this Welcome to Grade 9 form and email to: **hamm_registration@lakeheadschoos.ca**
- Include a copy of your most recent Grade 8 Report Card
- Bring a proof of address for verification (i.e. utility bill or tax assessment)
- Bring proof of citizenship (i.e. birth certificate or passport)

Return to the high school before February 25, 2022

If you require more information, please contact Hammarskjold Student Services at 767-1631



Grade 9 Course Selection

Each student will take 8 total courses in Grade 9.
6 courses will be compulsory and 2 courses will be elective.

You and your parent(s) will need to decide:

1. If you wish to take French or FNMI Language: Ojibwe as your final compulsory course; and
2. Which elective courses you will take. You may rank your top three (3) elective courses. Based on scheduling and availability, two of these courses will be added to your Grade 9 timetable.

Compulsory Courses

Mathematics	<input type="checkbox"/> Pre-AP	<input type="checkbox"/> Destreamed	<input type="checkbox"/> LDCC
English		<input type="checkbox"/> Academic	<input type="checkbox"/> LDCC
Science		<input type="checkbox"/> Destreamed	<input type="checkbox"/> LDCC
French		<input type="checkbox"/> Academic	<input type="checkbox"/> Exempt
or			
FNMI Language: Ojibwe	<input type="checkbox"/> Level 1		
Geography	<input checked="" type="checkbox"/> Academic		
Health and Physical Education	<input checked="" type="checkbox"/> Open		

Elective Courses

You may rank your top three (3) elective courses. Use the line beside the title to indicate your ranking.

- 1 = First Choice
- 2 = 2nd Choice
- 3 = 3rd Choice

Based on scheduling and availability, two of these courses will be added to your Grade 9 timetable.

_____	Exploring Technologies	TIJ101
_____	Drama	ADA101
_____	Music - Guitar	AMG101
_____	Music - Band	AMI101
_____	Music - Strings	AMS101
_____	Information and Communication Technology in Business	BTT101
_____	Expressing Aboriginal Cultures	NAC101
_____	Visual Arts	AVI101

Student Success and Special Education Information

<input type="checkbox"/> IPRC	Identification _____
<input type="checkbox"/> IEP	_____
<input type="checkbox"/> Modified Learning Expectations	Subject(s) _____
<input type="checkbox"/> Accommodations	<input type="checkbox"/> Student is working significantly below grade level
	<input type="checkbox"/> Student is at risk of being placed, not promoted
	<input type="checkbox"/> Student requires extensive remediation
	<input type="checkbox"/> Student requires literacy support
	<input type="checkbox"/> Student requires numeracy support

Comments / Strategies (if applicable)

First Nations, Métis and Inuit (FNMI) Voluntary Student Self-Identification

This student is:

First Nations (Status, Non-Status) Métis Inuit Non-Aboriginal I do not wish to participate

Language(s) spoken at home:

English French Ojibwe Oji-Cree Cree Other:

First Nation responsible for student's tuition (if applicable):

Transportation

When attending high school most requests for transportation will be accommodated. There will be cases when a student's request cannot be granted due to distance, time, scheduling and school hours. Requests will be considered within existing Board resources and scheduling. Please contact Dave Covello (dcovello@lakeheadschoools.ca) if you have questions.

Parent / Guardian Information

Parent / Guardian 1

Mr. Mrs. Ms. Other: _____

Last Name _____

First Name _____

Address _____

Relationship to Student _____

Contact # _____

Email Address _____

Place of Employment _____

Parent / Guardian 2

Mr. Mrs. Ms. Other: _____

Last Name _____

First Name _____

Address _____

Relationship to Student _____

Contact # _____

Email Address _____

Place of Employment _____

Medical Management Plan

Medication Management Plan in Place? Yes No

Anaphylaxis Asthma Diabetes Other: _____

As legal parent/guardian of the above named student, **I do give the school permission** to share information with staff to support this student's Medical Management Plan/Emergency Action Plan.

As legal parent/guardian of the above named student, **I do not give the school permission** to share information with staff to support this student's Medical Management Plan/Emergency Action Plan.

Health Card # _____

Freedom of Information and Protection of Privacy

I give my consent for the name, photograph, and details of achievement of my child to be displayed/and or published for recognition in the school.

I give my consent with the following restrictions: _____

The personal information you have provided on this form and any other correspondence relating to your involvement in our program is collected by the Lakehead District School Board under the authority of the Education Act (R.S.O. 1990 c.E.2) ss. 58.5, 265 and 266 as amended. The information will be used to register and place the student in a school, or for a consistent purpose such as the allocation of staff and resources and to give information to employees to carry out their job duties. In addition, the information may be used to deal with matters of health and safety or discipline and is required to be disclosed in compelling circumstances or for law enforcement matters or in accordance with any other Act. The information will be used in accordance with the Education Act, the regulations, and guidelines issued by the Minister of Education governing the establishment, maintenance, use, retention, transfer and disposal of pupil records. For questions about this collection, contact the school Principal. Updated 2011.

Required Signatures These signatures represent acknowledgment of intentions, information, and choices for course selection.

Parent / Guardian Signature

Date

Student Signature

Date