Parent / Guardian Information

Parent / Guardian 1	Parent / Guardian 2
☐ Mr. ☐ Mrs. ☐ Ms.	☐ Other: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other:
Last Name	Last Name
First Name	First Name
Address	Address
Relationship to Student	Relationship to Student
Contact #	Contact #
Email Address	Email Address
Place of Employment	Place of Employment
Medical Management Plan Medication Management Plan Anaphylaxis	
to support this st	pardian of the above named student, I do give the school permission to share information with staff udent's Medical Management Plan/Emergency Action Plan. Duardian of the above named student, I do not give the school permission to share information with his student's Medical Management Plan/Emergency Action Plan.
	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 the school.
☐ I give my consent	with the following restrictions:
collected by the Lakehead Dis amended. The information wi of staff and resources and to g deal with matters of health an matters or in accordance with guidelines issued by the Minis	have provided on this form and any other correspondence relating to your involvement in our program is trict School Board under the authority of the Education Act (R.S.O. 1990 c.E.2) ss. 58.5, 265 and 266 as II be used to register and place the student in a school, or for a consistent purpose such as the allocation give information to employees to carry out their job duties. In addition, the information may be used to disafety or discipline and is required to be disclosed in compelling circumstances or for law enforcement any other Act. The information will be used in accordance with the Education Act, the regulations, and ter of Education governing the establishment, maintenance, use, retention, transfer and disposal of pupil 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



WELCOME TO GRADE 9

Student Information Grade 9 Course Selection 2023-24 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	
Gender		
Address	Postal Code	
Primary Contact #	Is this a cell/mobile? Yes No	
Is this number unlisted? Yes No	Preferred Pronoun She/Her They/Them He/Him Other:	
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 forr	n	
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 cert	tificate or passport)	

Return to the high school or submit by email to hamm_registration@lakeheadschools.ca before February 24, 2023

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.

Compu	lsory	Courses	

Mathematics	Destreamed	☐ Pre-AP	
English	☐ Academic		
Science	Destreamed		
French	Academic	☐ FI	☐ Exempt
or			
FNMI Language: Ojibwe	☐ Level 1		
Geography	Academic	☐ FI	
Health and Physical Education	Onen	□ FI	

Elective Courses

You may rank your top three (3) elective courses. Use the line beside the title to	 Exploring Technologies	TIJ101
indicate your ranking.	 Drama	ADA101
1 = First Choice	 Music - Guitar	AMG101
2 = 2nd Choice 3 = 3rd Choice Based on scheduling and availability, two of these courses will be added to your Grade 9 timetable.	 Music - Band	AMI101
	 Music - Strings	AMS101
	 Information and Communication Technology in Business	BTT101
	 Expressing Aboriginal Cultures	NAC101
	 Visual Arts	AVI101

For the course descriptions for all Grade 9 courses, please visit www.edu.gov.on.ca

Student Success and Special Education Inform	ation
☐ IPRC	Identification
☐ IEP	
Modified Learning Expectations	Subject(s)
Accommodations	Student is working significantly below grade level
Accommodations	Student is at risk of being placed, not promoted
	Student requires extensive remediation
	Student requires literacy support
	Student requires numeracy support
Comments / Strategies (if applicable)	
First Nations, Métis and Inuit (FNMI) Voluntary	y 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 ☐ C	Dji-Cree Cree Other:
First Nation responsible for student's tuition (if applicable	,
The Mation responsible to stode the total of the applicable	
	ation will be accommodated. There will be cases when a student's ling and school hours. Requests will be considered within existing Boal dcovello@lakeheadschools.ca) if you have questions.
E-Learning Opt-Out	
Students are now required to earn two eLearning credits an online platform and do not require students to be physical students.	to graduate from secondary school. Such courses are delivered throug sically present with one another or with their teacher in school. Parent atory eLearning courses. Students whose parent/guardian have llete the two eLearning credits.
Providing consent for your child to opt-out of eLearning d credits to graduate at a future date if they desire.	loes not restrict or disqualify your child from completing two eLearning
A copy of this opt-out form will be included in the studen opt-out.	t's OSR (Ontario Student Record), if you are electing to have your child
By checking this box, I confirm that I understand	I the following statements:
Secondary School Diploma. My child will face no academic penalties for opting out	le graduation requirements This will be recorded on my child's

By checking this box, I confirm that I choose to have my child opt out of the eLearning graduation requirement.