

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 ☐ Seizures ☐ 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



WELCOME TO GRADE 9

Student Information
Grade 9 Course Selection 2025-26
Parent/Guardian Information

EXTERNAL

Hammar skjold

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 _____
MM/DD/YYYY

Gender _____ Primary Contact # _____

Pronouns ☐ She/Her ☐ He/Him ☐ They/Them

Address _____ Postal Code _____

Current Elementary School _____ Gr. 8 Program: ☐ English ☐ French Immersion

High School

Hammar skjold High School



Grade 9 Registration Checklist

- ☐ Complete this Welcome to Grade 9 form
- ☐ 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)
- ☐ IEP/IPRC - Provide a copy of most recent IEP and assessment

Return to the high school or submit by email
to hamm_registration@lakeheadschoo ls.ca before February 24, 2025

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



Navigating Grade 9 Pathways

Grades 9 and 10 are the time when students are learning about themselves as learners and the possible pathways they may take. For this reason, Ontario schools no longer require students to pick their academic pathway in Grade 9. This means that students no longer choose between Academic and Applied in Grade 9, providing all students with the opportunity to explore a variety of subjects and discover their interests.

Compulsory Courses

Mathematics	<input type="checkbox"/> Pre-AP	<input type="checkbox"/> De-streamed	<input type="checkbox"/> LDCC
English		<input type="checkbox"/> De-streamed	<input type="checkbox"/> LDCC
Science		<input type="checkbox"/> De-streamed	<input type="checkbox"/> LDCC
French or FNMI Language: Ojibwe	<input type="checkbox"/> FI	<input type="checkbox"/> Academic	
		<input type="checkbox"/> Level 1	<input type="checkbox"/> Level 2
Geography	<input type="checkbox"/> FI	<input type="checkbox"/> De-streamed	

Each student in Grade 9 is required to select 4 additional courses from the list below. By the end of Grade 10, students will need to complete both a Health and Physical Education credit and a Technology credit. Students may still select both these options in Grade 9.

<p>Please rank your elective course requests on the line beside the course name.</p> <p>1 = First Choice</p> <p>2 = Second Choice</p> <p>3 = Third Choice</p> <p>4 = Fourth Choice</p> <p><i>Your fourth choice will only be used should your timetable not accommodate your first three choices.</i></p>	_____	Building the Entrepreneurial Mindset	BEM101
	_____	Drama	ADA101
	_____	Expressions of First Nations, Métis, and Inuit Cultures	NAC101
	_____	Health and Physical Education	PPL101
	_____	*Health and Physical Education FI	PPL10F
	_____	Music - Guitar	AMG101
	_____	Music - Band	AMI101
	_____	Music - Strings	AMS101
	_____	Technology and the Skilled Trades	TAS101
	_____	Visual Arts	AVI101

<input type="checkbox"/>	IPRC	Identification _____
<input type="checkbox"/>	IEP	
<input type="checkbox"/>	ELL (English Language Learner)/MLL (multi-language learner)	Subject(s) _____
Language spoken at home: _____		<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 literacy support <input type="checkbox"/> Student requires numeracy support
Comments / Strategies if applicable: _____		

Self-identification allows students to access additional learning supports, volunteer and employment opportunities and potential scholarships and awards.

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

☐ English ☐ French ☐ Ojibwe ☐ Oji-Cree ☐ Cree ☐ Other:

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

Community/Nation:

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.