

Parent / Guardian Information

Parent / Guardian 1

Mr. Mrs. Ms. Other: _____

Last Name _____

First Name _____

Relationship to Student _____

Lives with student ☐ Yes ☐ No

Custody ☐ Yes ☐ No

Address _____

Postal Code _____

Contact Number _____

Email Address _____

Place of Employment _____

Work Contact Number _____

Parent / Guardian 2

Mr. Mrs. Ms. Other: _____

Last Name _____

First Name _____

Relationship to Student _____

Lives with student ☐ Yes ☐ No

Custody ☐ Yes ☐ No

Address _____

Postal Code _____

Contact Number _____

Email Address _____

Place of Employment _____

Work Contact Number _____

Medical Management Plan

Medical 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.

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 2026-27
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 Ontario Education Number (OEN) #: _____

Address _____ Postal Code _____

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

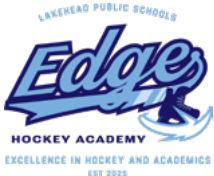
High School

Hammar skjold High School



Expression of Interest

☐ Check if your student is interested in the EDGE Hockey Academy for grades 9–10. Admission is not guaranteed and requires an additional application. Families must provide transportation to the rink on ice days.



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, 2026

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



Navigating Grade 9 Pathways

Families are asked to choose which second language course their Grade 9 student will take: French or Ojibwe. Students who have previously studied Ojibwe in elementary school, or speak the language at home, may select Level 2.

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	

Additional Courses

* French Immersion students are strongly encouraged to choose Health and Physical Education in French (PPL10F) as their first elective, as this course helps them meet the overall language requirement of the French Immersion Program.

<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 forth choice will only be used should your timetable not accommodate your first three choices.</i></p> <p>**Students interested in EDGE Hockey Academy MUST select a fourth choice, as acceptance is not guaranteed.</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
	_____	Healthy Active Living (Hockey)**	PAL101/PAI101

Students interested in the Hockey program select PAL101/PA1101 as their first choice. These students should also make a 4th choice as acceptance is not guaranteed.

Student Success and Special Education Information

<input type="checkbox"/>	IPRC	Identification _____
<input type="checkbox"/>	IEP	
<input type="checkbox"/>	ELL (English Language Learner)/MLL (multilingual learner)	Subject(s) _____
Language(s) 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: _____		

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

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

This student is:

☐ First Nations (Status, Non-Status) ☐ Métis ☐ Inuit ☐ Non-Indigenous ☐ 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):

Community/Nation:

Transportation

Transportation is provided only to your zoned high school and for specialized programs such as IB and French Immersion. Students wishing to attend an out-of-zone high school will need to find their own transportation.

Use the QR code to check eligibility.

