



North Park Collegiate Vocational School

GRADE 9 COURSE SELECTION SHEET 2022-2023 SCHOOL YEAR

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Due Date: February 4, 2022

A: STUDENT INFORMATION (Please Print)

Student's Family Name (Last)	Given Name (First)	Middle Initial	Gender: _____
Student Address _____ <i>(Street No.) (Street) (Apt/Unit No.)</i>		Date of Birth: ____ _ / ____ _ / ____ _ <i>DAY MONTH YEAR</i>	
_____ <i>(City) (Postal Code)</i>		Telephone Numbers: (home) ____ - ____ - ____ <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian (work) ____ - ____ - ____ <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian (mobile) ____ - ____ - ____ <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian (mobile) ____ - ____ - ____ <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian	
Email Addresses: Student: _____ Contact 1: _____ <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian Contact 2: _____ <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian			

B: TO BE COMPLETED BY ELEMENTARY SCHOOL PERSONNEL

1. Current School Name:	Telephone #:	2. Current French Program: <input type="checkbox"/> Core (no modifications) <input type="checkbox"/> Core (with modifications) <input type="checkbox"/> Immersion <input type="checkbox"/> None (exemption)	
3a. IEP/IPRC: <input type="checkbox"/> NO IEP <input type="checkbox"/> IEP (accommodations only) <input type="checkbox"/> IEP (modifications) <input type="checkbox"/> IEP (transition plan) <input type="checkbox"/> NOT IPRC'd <input type="checkbox"/> Psych-Ed Assessment complete <input type="checkbox"/> Speech and Language <input type="checkbox"/> IPRC Pending <input type="checkbox"/> IPRC to be initiated <input type="checkbox"/> IPRC'd: Review Date _____	3b. Identification: <input type="checkbox"/> Behaviour <input type="checkbox"/> Blind/Low Vision <input type="checkbox"/> Giftedness <input type="checkbox"/> Autism <input type="checkbox"/> Deaf/Hard of Hearing <input type="checkbox"/> Mild Intellectual Disability <div style="text-align: center;">Check all that apply</div>	3c. Current Level of Support: <input type="checkbox"/> NONE <input type="checkbox"/> Indirect Support <input type="checkbox"/> Resource Assistance <input type="checkbox"/> Withdrawal /Resource <input type="checkbox"/> Home School Program <input type="checkbox"/> Intensive Support Program <input type="checkbox"/> Other: _____	
4. Resident of Secondary School Area: <input type="checkbox"/> yes <input type="checkbox"/> no			
5. Teacher suggestion(s) / input on student's course type selections, programming needs and learning styles:			
6. Name of Principal or Grade 8 Teacher (please print): _____ Signature: _____			