



GRADE 9 COURSE SELECTION SHEET 2022-23

OEN									

Due Date: _____

A: STUDENT INFORMATION (Please Print)

Student's Family Name (Last)	Given Name (First)	Middle Initial	Preferred (Usual) Name:	Gender:
Student Address _____ <i>(Street No.) (Street) (Apt/Unit No.)</i> _____ <i>(City) (Postal Code)</i>		Date of Birth: _____ DAY _____ MONTH _____ YEAR		
		Telephone Numbers: (home) _____ - _____ - _____ <input type="checkbox"/> Parent <input type="checkbox"/> Parent <input type="checkbox"/> Guardian (work) _____ - _____ - _____ <input type="checkbox"/> Parent <input type="checkbox"/> Parent <input type="checkbox"/> Guardian (mobile) _____ - _____ - _____ <input type="checkbox"/> Parent <input type="checkbox"/> Parent <input type="checkbox"/> Guardian (mobile) _____ - _____ - _____ <input type="checkbox"/> Parent <input type="checkbox"/> Parent <input type="checkbox"/> Guardian		
Email Addresses:				
Student: _____				
Contact 1: _____ <input type="checkbox"/> Parent <input type="checkbox"/> Parent <input type="checkbox"/> Guardian				
Contact 2: _____ <input type="checkbox"/> Parent <input type="checkbox"/> Parent <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 Check all that apply	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. Name of Grade 8 Teacher (please print): _____ Signature: _____			
6. Name of Principal or Designate (please print): _____ Signature: _____			