



H.B. Beal Secondary School

Phone: 519-452-2700

Fax: 519-452-2964

Web: www.tvdsb.ca/beal.cfm

Grade 10-12 2020 – 2021

All forms are available at www.tvdsb.ca/beal.cfm, click “Our School, Registration”

Student Name:	
Student Birthdate:	
Student OEN:	
Previous School Name:	
IEP	<input type="checkbox"/> Yes <input type="checkbox"/> No

REGISTRATION CHECKLIST

- **Copy of Credit Counselling Summary or Student Status Sheet (showing semester 1 final marks for LDCSB students)**
- **Proof of Residence (utility bill, lease)**
- **Show original documents for proof of Canadian Citizenship (Birth Certificate, Passport, Permanent Resident Card)**
- **Custodial arrangements, *if applicable***
- **Parent and Learning Support Teacher (LST) Signatures**
- **BealArt Acceptance form, *if applicable***
- **Applications for (if applicable):**
 - **Co-op**
 - **BMT – Beal Musical Theatre**
 - **Leadership (GPP30/IDC4U)**
 - **Phys. Ed “Courts” Focus (PAI30/PAI40)**
- **Copy of Individual Education Plan (IEP), *if applicable***

Deadline to submit application:

Friday, February 14, 2020

Guidance Office Room 128



Student Registration Form

School Student Enrolling At: _____

SCHOOL USE ONLY Pupil of the Board Other Pupil

Teacher _____

Trillium No. _____

Grade/Homeroom _____

OEN _____

Signature School Staff: I certify that the information contained on this form is accurate and that documentation has been verified

Admission Date _____

STUDENT INFORMATION

Legal Last Name _____

Preferred Last Name _____

Legal First Name _____

Preferred First Name _____

Legal Middle Name _____

Date of Birth (YY/MM/DD) _____

Gender: Male Female

Proof of Birth: Birth Certificate Baptismal Certificate

Home Phone # (____) ____-____ Unlisted Yes No

Passport Registration of Birth

Siblings Attending this School _____

First Language Learned in the Home _____

Indigenous Self-Identification First Nation Métis Inuit

Languages Spoken at Home _____

STUDENT HEALTH AND MEDICAL ALERT INFORMATION

Specify _____
If student has any prevalent medical conditions please complete the appropriate forms through the parent portal or at the school: Individual Plan of Care; Authorization for Administration of Daily Prescription Medication; and/or Authorization for Administration of PRN Prescription Medication.

CITIZENSHIP

Country of Birth _____ Province _____

If student not born in Canada: Country of Last Residence _____ Country of Citizenship _____

Date student entered Canada for the first time to live (YY/MM/DD) _____ First Date of Entry into Canada Form Complete

STUDENT ADDRESS

Home Address _____

Proof of Address

Street # _____ Street Name _____ Apt# _____

Current Agreement of Purchase and Sale/Lease Agreement

Current Utility Bill

Current Property Tax Bill

Current Home Phone/Cable/Internet Bill

Other: please specify * _____

City/Town/Municipality _____ Postal Code _____

Note: *Driver's license is not acceptable for audit purposes.

PREVIOUS SCHOOL INFORMATION

Name of School _____

Language of Instruction English French Other

Name of Board _____

Program Instruction Regular Specialized Program

Town/Province/Country _____

(Describe) _____

Last Date Attended _____

ESL IEP IPRC

Grade Last Attended _____

OEN _____

PARENT/LEGAL GUARDIAN INFORMATION

- Custody Information Both Parents Mother Only Father Only Shared Joint Guardian CAS
- Legal Guardian Both Parents Mother Only Father Only Guardian Other CAS
- Access to Records Both Parents Mother Only Father Only Shared Joint Guardian CAS
- Living with Both Parents Mother Only Father Only Guardian Other CAS

Written Custody Agreement, or Court Order Provided Guardianship: Custody Agreement, or court order Provided

If there is no Custody Agreement, then all the following criteria must be met (check Yes or No) in order for the child to attend school without the payment of a tuition fee. If a response of "No" is indicated please refer student to International Admissions:

- Yes No The student is a Canadian citizen or a permanent resident of Canada.
- Yes No The guardian is a member of the student's immediate family and resides in Ontario in the school board jurisdiction in which the student wants to attend school. Immediate Family Relationship (please specify): _____
- Yes No The guardian is assuming full responsibility for the care and well-being of the student, and the student is residing with the guardian through the custody period.
- Yes No A written agreement is in place between the parents of the student and the guardian that sets out all of the above, as well as the respective responsibilities of the parents and the guardian.

Parent/Guardian: Relationship to Student _____ Cell Phone _____

First Name _____ E-mail _____

Last Name _____ Employment/Phone _____

Home Address _____ Contact Priority: Sickness/Medical First Second Third

Home Phone: _____ Emergency/Early School Closure First Second Third

Parent/Guardian: Relationship to Student _____ Cell Phone _____

First Name _____ E-mail _____

Last Name _____ Employment/Phone _____

Home Address _____ Contact Priority: Sickness/Medical First Second Third

Home Phone: _____ Emergency/Early School Closure First Second Third

Other (Please Specify): _____ Cell Phone: _____

First Name _____ E-mail _____

Last Name _____ Employment/Phone _____

Home Address _____ Contact Priority: Sickness/Medical First Second Third

Home Phone: _____ Emergency/Early School Closure First Second Third

It is the parent/guardian's responsibility to provide the school with written notification of relevant health and custody access information. For every student an Ontario Student Record (OSR) folder is maintained. This is a record of the student's school history and as such is a very significant document. Student's, parents/guardians of students under the age of 18, unless has been denied by a court order, have access to the OSR and are encouraged to confer with school officials regarding its contents. The above information has been provided with the approval of the individuals listed.

Parent/Guardian (Print Name) _____ Signature _____ Date (DD/MM/YY) _____

Notice of Collection: The personal information provided on this form and any other correspondence relating to involvement in Board programs is collected by the Thames Valley District School Board under the authority of the Education Act and Regulations (R.S.O. 1990 cE.2) as amended. The information will be used to register the student in a school, for the collection of applicable student/activity fees, as well as for any consistent purpose. Information is shared with employees such that they may carry out their job duties. In addition the information may be used or disclosed to comply with legislation, for compelling circumstances affecting health and safety or discipline, as required in circumstances related to law enforcement matters, or in accordance with an other Act. For questions about this collection, contact the Board's Freedom of Information Coordinator, Thames Valley District School Board, 1250 Dundas Street, London, ON N6A 5L1, Telephone 519-452-2000 ext. 20218.



Mark Fisher, Director of Education and Secretary

Dear Parents/Guardians:

As your child registers for attendance in the Thames Valley District School Board, we wish to make his/her transition as smooth as possible. The transfer of student records contained in the Ontario Student Record from your child's former school district can take some time.

If your child has any special concerns, either physically, academically, or behaviourally, it can be beneficial for there to be communication between the former school and the new school prior to the delivery of their records, in order to meet your child's needs. In order for this to occur, your permission is required.

Information to be shared includes, but is not exclusive to, that which is contained in the Ontario Student Record. This information is obtained and used only for the improvement of instruction and other education of the student in accordance with the Education Act, (R.S.O. 1990, s.266(2)) and is collected, transmitted, retained and disposed of confidentially in accordance with the Municipal Freedom of Information and Protection of Privacy Act (R.S.O. 1990 c. M. 56). Permission is granted for one year from date of signing.

I, _____, give my permission for the Principal/Designate of
(print parent/guardian name)

_____ and the Principal/Designate of
(name of new school)

_____, in _____ to
(name of former school) *(name of school district)*

communicate and share information with each other in regards to the programming needs for:

Name of Child: _____
(please print)

Date of Birth: _____
(yyyy/mon/day)

OEN Number: _____
(if available)

Signature of Parent/Guardian

Date

Revised: October 2019

Retention: C+1

Please circle your choices: eg: **ATC201** AND select 2 Alternates – see bottom of page
 Please indicate if you would like to be scheduled in first semester only (choose min. of 3 courses)

COURSE OFFERINGS AT H.B. BEAL SECONDARY SCHOOL							
COURSE CATEGORIES		Grade 9	Grade 10	Grade 11		Grade 12	
THE ARTS	Art	AVI1O1 AWD1O1	AVI2O1 AWD2O1 AWA2O1	AVI3MI	AVI3O1	AVI4M1	
	ART Multi-Credit (Interview required for all programs)			Foundations 1 (4 credit)		Foundations 2 (4 credit)	
						Studio Practice (8 credit)	
						Specialist (8 credit)	
	Dance	ATC1O1	ATC2O1 ATP2OE	ATC3M1		ATC4M1 ATP4M1 ATD4M1	
	Drama	ADA1O1	ADA2O1	ADA3M1	ADA3O1	ADA4M1 ADF4M1 ADG4ME	
	Music Guitar	AMG1O1	AMG2O1	AMG3M1	AMG3O1	AMG4M1	
	Studio Recording			AMM3M1		AMM4M1	
	Instrumental	AMI1O1 AMR2OB	AMI2O1 AMR2OC	AMI3M1	AMR3MB	AMI4M1	AMR3MC
	Vocal	AMV1O1	AMV2O1	AMV3M1	AME3M1	AMV4M1	AME4M1
Musical Theatre	Grade 11 3 credit package = ATU3M1+ADB3M1+AMT3M1 (application & audition required) Grade 12 3 credit package = ATU4M1+ADB4M1+AMT4M1 (application & audition required)						
BUSINESS	Introduction to Business	BBI1O1	BBI2O1				
	Accounting			BAF3M1		BAT4M1	
	Business Finance					IDC4UF	
	Business Leadership					BOH4M1	
	Computer Studies	BTT1O1	BTT2O1 ICS2O1	BTA3O1 ICS3U1	ICS3C1	ICS4U1	ICS4C1
	Entrepreneurship			BDI3C1			
	International Business					BBB4M1	
	Marketing			BMI3C1	BMX3E1	IDC4OB/IDC4UB	
	Law			CLU3M1	CLU3E1	CLN4U1	
CANADIAN & WORLD STUDIES	Economics					CIA4U1	
	Geography	CGC1PL CGC1P1 CGC1D1		CGG3O1	CGF3M1	CGR4M1+ (2021-2022) CGW4U1+	
	History	NAC1O1	CHC2PL CHC2P1 CHC2D1 NAC2O1	CHT3O1 CHW3M1 NBV3C1+ NDA3M1+(2021-2022)		CHY4U1 NDG4M1+ NDW4M+ (2021-2022)	
COOPERATIVE EDUCATION	Students who wish to take a two-credit CO-OP select: *GWL30D						
	Students who wish to take a second two-credit CO-OP in the same school year select: *GWL30D & *GLN40D						
	Students who wish to take Military CO-OP select: *GLC20D						
	Students who wish to take all-day CO-OP select: *GLD20D						
ENGLISH	English	ENG1L1 ENG1P1 ENG1D1	ENG2L1 ENG2P1 ENG2PF ENG2D1	ENG3E1 ENG3C1 ENG3U1 EMS3O1 EPS3O1	NBE3E1 NBE3C1 NBE3U1	ENG4E1 ENG4C1 ENG4U1 ENG4US	EWC4C1 EWC4U1 ETS4U1 OLC4O1
	English as a Second Language	CGC1PR ESLAO1 HIF1OR MAT1LR ELDAO1 ELDBO1 BTT1OR	GLD2OR GLS1OR	ESLBO1 CHV2OR/ GLC2OR BTT2OR ELDCO1 MAT2LR SNC1PR	ELDCO1 ESLCO1 ELDDO1 2 credit package: ELDCOK or ELDDOK or ELDEOK and SNC1LK	CHE3OR HIP4OR GWL3OR	ESLDO1 ESLEO1 ELDEO1
GUIDANCE	Guidance		GLC2O5 - careers CHV2O5 - civics	*GPP3O1		*IDC4UM	

Alternates: 1. _____ 2. _____

COURSE OFFERINGS AT H.B. BEAL SECONDARY SCHOOL

COURSE CATEGORIES		Grade 9	Grade 10	Grade 11	Grade 12		
HEALTH & PHYSICAL EDUCATION	Physical Education	PPL10F (female) PPL10M (male) PPL10I (co-ed)	PPL20F (female) PPL20M (male)	PAF301 PAQ301 *PAI301	PPZ3C1 PPL301	PLF4M1 PPL401 *PAI401	PAF401 PSK4U1
	French	FSF141 FSF1D9 FSF1P1 FSF1D1	FSF2D1	FSF3U1		FSF4U1	
	Spanish		LWSBD1	LWSCU1		LWSDU1	
LANGUAGES	Native Languages	Oneida Ojibway	LNNBO1 LNBOB1	LNNCO1 LNOCO1			
	Mathematics	LNAO1 LNOAO1					
MATH	Mathematics	MAT1L1 MFM1P1 MPM1D1	MAT2L1 MFM2P1 MPM2D1	MEL3E1 MBF3C1 MCF3M1 MCR3U1 Physimatics (2 credit)		MEL4E1 MAP4C1 MCT4C1	MDM4U1 MHF4U1 MCV4U1
SCIENCE	Science	SNC1L1 SNC1P1 SNC1D1	SNC2L1 SNC2P1 SNC2D1	SVN3E1 SCH3U1 SBI3C1 SBI3U1 SPH3U1 Biology, Changing World (2 credit) Physimatics (2 credit)		SCH4C1 SCH4U1 SPH4C1 SPH4U1 SNC4M1 SBI4U1 Chemistry of Biology (2 credit)	
SPECIAL EDUCATION	Special Education	GLS101 GLE101**	GLE201**	GLE 301**			
SOCIAL SCIENCE & HUMANITIES	Anthropology, Psychology / Sociology			HSP3U1 HSP3C1		HSB4U1	
	Fashion		HNL2O1	HNC3C1		HNH4M1	
	Food and Nutrition		HFN2O1			HFL4E1 HFA4C1 HFA4U1	
	Hairstyling & Aesthetics		TXJ2O1	TXA3E1 TXH3E1		TXA4E1 TXH4E1	
	Managing Resources					HIP4O1	
	Exploring Family Studies	HIF1O1					
	Housing			HLS3O1			
	Parenting, Work w/Child			HPC3O1	HPW3C1	HHG4M1	
	Philosophy			HZB3M1		HZT4U1	
	Sewing and Clothing			TOP3MS		TDP4MS	TDP4MP
World Religion			HRF3O1				
TECHNOLOGY	Communication		TGJ2O1	TGJ 3M1 TGV3M1 TGI3M1	TGP3M1	TGJ4M1 TGV4M1 TGI4M1	TGP4M1
	Computer		TEJ2O1	TEJ3E1	TEJ3M1	TEJ4E1	TEJ4M1
	Construction		TCJ2O1	TWJ3E1 TCC3E2 TCJ3E1 TCE3E2	TCJ3C1	TWJ4E1 TCC4E2 TCJ4E1 TCE4E2	TCJ4C1 TCP4E1 TDJ4M1
	Manufacturing		TMJ2O1	TMJ3C1 TMW3E2	TMJ3E1	TMJ4C1 TMW4E2	TMJ4E1
	Transportation	TIJ1O1- (Integrated Technology)	TTJ2O1	TTA3C2 TTJ3C1	TTJ3O1	TT4C2 TTJ4C1	TTJ4E1
* Application required **For students on an Individual Education Plan +To be offered every other year							

Beal Innovates: Interdisciplinary Studies

Select the Bundle and select the appropriate level: Please circle choices

For example: Foundations 1: ENG3CK (Art and applied English) or Foundations 1: ENG3UK (Art and Academic English)

COURSE CATEGORIES	Grade 9	Grade 10	Grade 11	Grade 12
B.I.L.P. Grade 9 Beal Innovative Program	ENG1PK/ENG1DK MFM1PK/ENG1DK SNC1PK/SNC1DK CGC1PK/CGC1DK			
Biology: Changing the World			SBI3CK and SNC4MK (Biology and Science)	
Physimatics			SPH3UK and MCR3UK (Physics and Functions)	
Foundations 1			AVI3MK (Visual Art) AWP3MK AWO3MK and ENG3CK / ENG3UK (English)	
Foundations 2				AVI4MK (Visual Art) AWP4MK AWO4MK ENG4CK / ENG4UK (English)
The Chemistry of Biology			SBI4UK and SCH4UK (Biology and Chemistry)	