



H.B. Beal Secondary School
Phone: 519-452-2700
Fax: 519-452-2964
Web: www.tvdsb.ca/beal.cfm

Grade 9 2020 – 2021
IN AREA

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 November Report Card**
- **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 Guidance Lead / Learning Support Teacher (LST) Signatures**
- **BILP - Innovative Learning Program Supplemental Form, *if applicable***
- **Studio Fundamentals Application (AWD 101), *if applicable***
- **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

Admit 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

City/Town/Municipality _____ Postal Code _____

Other: please specify * _____

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 _____

_____ and the Principal/Designate of _____

_____ in _____ to _____

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

GRADE 9 COURSE SELECTIONS – 2020/21

Student Name: _____
 (Please Print) Last First

Is student on IEP? Y N
 * copy attached

COMPULSORY COURSES: Circle a total of 5 courses below

	Academic		Applied		Locally Developed
English	ENG 1D1	or	ENG 1P1	or	ENG 1L1
Mathematics	MPM 1D1	or	MFM 1P1	or	MAT 1L1
<i>Students leaving grade 8 with limited exposure to the grade 8 curriculum as a result of modified math programming are encouraged to select MAT1L1- Grade 9 Locally Developed Math in order to build prerequisite knowledge, prior to taking Grade 9 Applied Math (MFM1P1).</i>					
Science	SNC 1D1	or	SNC 1P1	or	SNC 1L1
Geography	CGC 1D1	or	CGC 1P1	or	CGC 1PL
French	FSF 1D1	or	FSF 1P1	or	FSF 141 or FSF1D9

Check box if applying to **Beal Innovative Learning Program – B.I.L.P.**

First Nations Students may take a Native Language instead of French:

Oneida (Open) **LNN AO1** or Ojibway (Open) **LNO AO1**

ELECTIVE COURSES: Circle a total of 3 courses below (4 if choosing Vocal Music)

Arts	Dance	ATC 101
	Drama	ADA 101
	Guitar	AMG 101
	Instrumental Music	AMI 101
	Visual Arts	AVI 101
Application required @bealart.com	Visual Arts, Studio Fundamentals	AWD 101
After-school, year-long program offering 1 credit	Vocal Music	AMV 101
Before-school, year-long program offering .5 credit	Band	AMR 20B
Business Studies	Introduction to Business	BBI 101
	Information and Communication Technology in Business	BTT 101
Family Studies	Individual, Family & Social Living	HIF 101
Learning Strategies	Skills for Success in High School	GLS 101- non-IEP
	Skills for Success in High School	GLE 101- IEP
Native Studies	Expressing Aboriginal Cultures	NAC 101
	First Nations Peer Support	GLS 10F
Physical Education	Healthy Active Living	Female PPL 10F
		Male PPL 10M
		Co-ed PPL101
Technology	Exploring Technologies	TIJ 101

Choose 2 Alternate Electives: 1. _____ 2. _____