



**H.B. Beal Secondary School**

**Phone: 519-452-2700**

**Fax: 519-452-2964**

**Web: [www.tvdsb.ca/beal.cfm](http://www.tvdsb.ca/beal.cfm)**

**Grade 9 2019 – 2020**

**IN AREA**

**All forms are available at [www.tvdsb.ca/beal.cfm](http://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 Learning Support Teacher (LST) Signatures**
- **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 15, 2019**

**Guidance Office Room 128**





# Student Registration Form

School Student Enrolling At: \_\_\_\_\_

<b>SCHOOL USE ONLY</b> <input type="checkbox"/> Pupil of the Board <input type="checkbox"/> 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: <input type="checkbox"/> Male <input type="checkbox"/> Female	Proof of Birth: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Baptismal Certificate
Home Phone # (____) ____-____ Unlisted <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Passport <input type="checkbox"/> Registration of Birth
Siblings Attending this School _____	First Language Learned in the Home _____
Indigenous Self-Identification <input type="checkbox"/> First Nation <input type="checkbox"/> Métis <input type="checkbox"/> 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 <input type="checkbox"/>

### STUDENT ADDRESS

Home Address _____	Proof of Address
Street # _____ Street Name _____ Apt# _____	<input type="checkbox"/> Current Agreement of Purchase and Sale/Lease Agreement
City/Town/Municipality _____ Postal Code _____	<input type="checkbox"/> Current Utility Bill
	<input type="checkbox"/> Current Property Tax Bill
	<input type="checkbox"/> Current Home Phone/Cable/Internet Bill
	<input type="checkbox"/> Other: please specify * _____
	Note: *Driver's license is not acceptable for audit purposes.

### PREVIOUS SCHOOL INFORMATION

Name of School _____	Language of Instruction <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other
Name of Board _____	Program Instruction <input type="checkbox"/> Regular <input type="checkbox"/> Specialized Program
Town/Province/Country _____	(Describe) _____
Last Date Attended _____	<input type="checkbox"/> ESL <input type="checkbox"/> IEP <input type="checkbox"/> 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 c.E.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 another 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.



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

## GRADE 9 COURSE SELECTIONS – 2019/20

Student Name: \_\_\_\_\_  
 (Please Print) Last First

Is student on IEP? Y N  
 \* copy attached

**COMPULSORY COURSES:** Circle a total of **5** courses below

	Academic	or	Applied	or	Locally Developed
English	ENG 1D1		ENG 1P1		ENG 1L1
Mathematics	MPM 1D1		MFM 1P1		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		SNC 1P1		SNC 1L1
Geography	CGC 1D1		CGC 1P1		CGC 1PL
French	FSF 1D1		FSF 1P1		FSF 141 or FSF1D9

Check box if applying to **Beal Innovative Learning Program**

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)

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

Choose 2 Alternate Electives: 1. \_\_\_\_\_ 2. \_\_\_\_\_

## INDIVIDUAL EDUCATION PLAN (IEP)

Is student on an IEP?  YES (copy attached)  No

## GRADE 8 LEARNING SUPPORT TEACHER

Please attach student's recent report card.

Comments:

(LST Signature REQUIRED for all registrations) LST SIGNATURE: \_\_\_\_\_

## ENGLISH AS A SECOND LANGUAGE (ESL)

Level 1	Level 2	Level 3	Level 4	Level 5
ESLAO1	ESLBO1	ESLCO1	ESLDO1	ESLEO1
BTT1OR	CHV/GLC2OR			
GLS1OR	CGC1PR			
HIF1OR				
MAT1LL				

Please circle course choices. See reverse for additional elective courses.

## ENGLISH LITERACY DEVELOPMENT (ELD)

Level 1	Level 2	Level 3	Level 4	Level 5
ELDAO1	ELDBO1	ELDCO1	ELDDO1	ELDEO1
GLS1OR	MAT2LL	BTT1OR	GLW3OR	
HIF1OR	GLD2OL	CGC1PR	SNC1PR	
MAT1LL		CHV/GLC2OR	GLN4OL	
		HIP4OL		
		CHE 3OL		

\*\*Please circle course choices. See reverse for additional elective courses.

Please direct all questions to the Beal ESL Department.