



**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**  
**OUT OF 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**

**Parents/Guardians must provide original documents for viewing to Beal Staff in the**

- Copy of November Report Card**
- Student Success Profile/Transition Form**
- 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: \_\_\_\_\_

**SCHOOL USE ONLY**  Pupil of the Board  Other Pupil

Teacher \_\_\_\_\_

Trillium No. \_\_\_\_\_ Grade/Homeroom \_\_\_\_\_

OEN \_\_\_\_\_

Admit Date \_\_\_\_\_

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

## 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

Home Phone # (\_\_\_\_) \_\_\_\_-\_\_\_\_ Unlisted  Yes  No

Siblings Attending this School \_\_\_\_\_

Indigenous Self-Identification  First Nation  Métis  Inuit

Proof of Birth:  Birth Certificate  Baptismal Certificate  
 Passport  Registration of Birth

First Language Learned in the Home \_\_\_\_\_

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 \_\_\_\_\_

Street # \_\_\_\_\_ Street Name \_\_\_\_\_ Apt# \_\_\_\_\_

City/Town/Municipality \_\_\_\_\_ Postal Code \_\_\_\_\_

Proof of Address

- Current Agreement of Purchase and Sale/Lease Agreement
- Current Utility Bill
- Current Property Tax Bill
- Current Home Phone/Cable/Internet Bill
- 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  
(Describe) \_\_\_\_\_

Town/Province/Country \_\_\_\_\_

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.



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



# Thames Valley District School Board Student Success Profile / Transition Form

To be delivered to the Secondary School  
Guidance Department following  
consultation with parent/guardian

(This profile should be seen as a tool to ease the transition to secondary school. Please check all that apply.)

Name of Student: \_\_\_\_\_ (last) \_\_\_\_\_ (first)

O.E.N. \_\_\_\_\_

Trillium # \_\_\_\_\_

Date of Birth: yr. \_\_\_\_\_ mo. \_\_\_\_\_ day \_\_\_\_\_

Gender: M F

Completed by: \_\_\_\_\_

Elementary School: \_\_\_\_\_

Grade 8 Teacher: \_\_\_\_\_

Elementary LST: \_\_\_\_\_

Received by: \_\_\_\_\_

Secondary School: \_\_\_\_\_

Guidance Contact: \_\_\_\_\_

SST: \_\_\_\_\_

| Student's Strengths   | Successful Classroom Interventions To Date   | Successful School Interventions to Date  | Personal Growth Recommendations  |
|---|--|--|--|
| <input type="checkbox"/> Attendance<br><input type="checkbox"/> Punctuality<br><input type="checkbox"/> Homework completion<br><input type="checkbox"/> Test performance<br><input type="checkbox"/> Conduct<br><input type="checkbox"/> Attitude<br><input type="checkbox"/> Focus and attention<br><input type="checkbox"/> Co-curricular activities<br><input type="checkbox"/> Social relationships<br><input type="checkbox"/> In-class work<br><input type="checkbox"/> Leadership<br><input type="checkbox"/> Creativity<br><br><b>Student's Challenges</b><br><input type="checkbox"/> Attendance/punctuality<br><input type="checkbox"/> Homework completion<br><input type="checkbox"/> General learning skills<br><input type="checkbox"/> Test performance<br><input type="checkbox"/> Conduct<br><input type="checkbox"/> Attitude<br><input type="checkbox"/> Focus and attention<br><input type="checkbox"/> "At risk" activities<br><input type="checkbox"/> Social relationships<br><input type="checkbox"/> Anxiety/stress<br><input type="checkbox"/> Motivation<br><input type="checkbox"/> Anger management<br><input type="checkbox"/> Physical health issues | <input type="checkbox"/> Curriculum modifications<br><input type="checkbox"/> Organizational support<br><input type="checkbox"/> Remedial support<br><input type="checkbox"/> In-class support<br><input type="checkbox"/> Chunk material<br><input type="checkbox"/> Extra time<br><input type="checkbox"/> Extra time for testing<br><input type="checkbox"/> Incentive program<br><input type="checkbox"/> Peer mentor/buddy<br><input type="checkbox"/> Assistive technology<br><input type="checkbox"/> Rewording/rephrasing<br><input type="checkbox"/> Proximity to instructor<br><input type="checkbox"/> Visual or verbal cues<br><input type="checkbox"/> Assign one task at a time<br><input type="checkbox"/> Reduce new skill to smaller steps<br><input type="checkbox"/> Prioritize tasks for completion<br><input type="checkbox"/> Manipulatives<br><input type="checkbox"/> Graphic organizers | <input type="checkbox"/> Agency support<br><input type="checkbox"/> Board services support<br><input type="checkbox"/> Board Psychologist<br><input type="checkbox"/> Attendance Counsellor / Social Worker<br><input type="checkbox"/> School Counsellor<br><input type="checkbox"/> Behaviour contract<br><input type="checkbox"/> Remedial support<br><input type="checkbox"/> Review program<br><input type="checkbox"/> Peer/class placement<br><input type="checkbox"/> Parent conferences<br><input type="checkbox"/> Pre/post school programs<br><input type="checkbox"/> Breakfast club | <input type="checkbox"/> Awareness of own needs<br><input type="checkbox"/> Set achievable goals<br><input type="checkbox"/> Encourage positive self talk<br><input type="checkbox"/> Seek out and engage in situations of high probability of success<br><input type="checkbox"/> Develop skills to solve problems<br><input type="checkbox"/> Make decisions based on a process/model<br><input type="checkbox"/> Assess skills set needed; learn and practice those<br><input type="checkbox"/> Emphasize strengths<br><input type="checkbox"/> Rely on own opinion<br><input type="checkbox"/> Access to leadership opportunities<br><input type="checkbox"/> Emotional management |

**Academic Information:**

1. EQAO results: Gr.6: R \_\_\_\_\_ W \_\_\_\_\_ M \_\_\_\_\_  
 Exemption \_\_\_\_\_

2. D.R.A. results \_\_\_\_\_

3. I.E.P. (please attach, if yes) Yes No  
 4. I.E.P. exceptionality \_\_\_\_\_

5. Grade 8:  
 Language Arts Average is Level: R 1 2 3 4  
 Mathematics Average is Level: R 1 2 3 4

**Additional comments:** (include items not included above such as student's favourite subject, outside interests, appearance of 3<sup>rd</sup> party reports in OSR, etc.)

## 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  | 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          |
| <b>Family Studies</b>                                       | Individual, Family & Social Living                   | HIF 101          |
| <b>Learning Strategies</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                                | PPL 10F          |
|   |  | Female PPL 10M   |
|   |  | Male PPL101      |
|   |  | Co-ed            |
| <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.