



OAKWOOD COLLEGIATE INSTITUTE

GRADE 9 COURSE SELECTION SHEET

2010 – 2011

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T.D.S.B. Student Number

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A: STUDENT INFORMATION (Please Print)

Student's Family Name (Last)	Given Name (First)	Initial	Gender <input type="checkbox"/> M <input type="checkbox"/> F						
Student Address		D.O.B.:							
(Street)	(Apt. #)	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">__</td> <td style="text-align: center;">__</td> <td style="text-align: center;">__</td> </tr> <tr> <td style="text-align: center;">dd</td> <td style="text-align: center;">mm</td> <td style="text-align: center;">yyyy</td> </tr> </table>	__	__	__	dd	mm	yyyy	Telephone: Mother Father Guardian
__	__	__							
dd	mm	yyyy							
(City)	(Postal Code)	(h) () _____ - _____ M <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/>	(b) () _____ - _____ M <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/>						
		(c) () _____ - _____ M <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/>							

B: TO BE COMPLETED BY CURRENT SCHOOL OR DESIGNATE (for TDSB Office Use Only)

1. Current School Name	Telephone #:	2. Current French Program:															
		<input type="checkbox"/> Core <input type="checkbox"/> Extended <input type="checkbox"/> Immersion <input type="checkbox"/> None															
3a. IEP / IPRC:	3b. Special Education Identification:	3c. Current Level of Support:															
<input type="checkbox"/> Individual Education Plan <input type="checkbox"/> IPRC Dated: _____	<input type="checkbox"/> Behaviour <input type="checkbox"/> Learning Disability <input type="checkbox"/> Gifted <input type="checkbox"/> Mild Intellectual Disability	<input type="checkbox"/> Developmental Disability <input type="checkbox"/> Physical Disability <input type="checkbox"/> Multiple Exceptionalities <input type="checkbox"/> Other: _____															
4a. ESL/ELD:	4b. ESL Proficiency:	4c. Recommended Placement:															
<input type="checkbox"/> ESL <input type="checkbox"/> ELD	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Oral Language</td> <td style="text-align: center;">Reading</td> <td style="text-align: center;">Writing</td> </tr> <tr> <td style="text-align: center;">Level 1 <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Level 2 <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Level 3 <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Level 4 <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Oral Language	Reading	Writing	Level 1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Level 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Level 3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Level 4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ESLAO <input type="checkbox"/> ESLBO <input type="checkbox"/> ESLCO <input type="checkbox"/> ESLDO <input type="checkbox"/> ESLEO <input type="checkbox"/> ELDAO <input type="checkbox"/> ELDBO <input type="checkbox"/> ELDCO <input type="checkbox"/> ELDDO
Oral Language	Reading	Writing															
Level 1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
Level 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
Level 3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
Level 4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
5. Date of Arrival in Canada:	<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Visa Student <input type="checkbox"/> Other																
Month: _____ Year: _____	Country of Birth: _____	First Language: _____															
6. Resident of School Area: <input type="checkbox"/> yes <input type="checkbox"/> no																	
7. Applied to Other Schools/Programs: <input type="checkbox"/> yes <input type="checkbox"/> no																	
Regular Programs #1: _____ #2: _____	Specialized Schools/Programs #3: _____ #4: _____																
8. The program selected is based on the school's recommendations: <input type="checkbox"/> yes <input type="checkbox"/> no																	
9. Comments:																	
10. Name (please print): _____ Signature: _____																	

Collection of Personal Information

Personal information contained on this form or personal information collected on behalf of the Toronto District School Board is collected under the authority of the Education Act and in compliance with sections 14, 31 and 32 of the Municipal Freedom of Information and Protection Act, 1989. This information is required to register and place the student in the school system, or for a consistent purpose such as the allocation of staff and resources.

Refer to *Choices 2010* for information about secondary schools course selections

OAKWOOD COLLEGIATE INSTITUTE

Tel: 416-393-1780 - Fax: 416-393-8169

Student Name _____

TDSB Student #

STUDENTS MUST HAVE A FINAL TOTAL OF 8 COURSES

PART A – REQUIRED COURSES (6) NOTE: Extended French must choose 7 courses

Choose either the Academic, Applied, Locally Developed or Enriched** (for qualifying students) course for each of the following, and either boys or girls for Healthy Active Living Education. Put a check (✓) in the appropriate box.

SUBJECT	ACADEMIC	APPLIED	LOCALLY DEVELOPED	ENRICHED**	EXTENDED FRENCH
ENGLISH	<input type="checkbox"/> ENG1D1	<input type="checkbox"/> ENG1P1	<input type="checkbox"/> ENG1L1		
MATHEMATICS	<input type="checkbox"/> MPM1D1	<input type="checkbox"/> MFM1P1	<input type="checkbox"/> MAT1L1	<input type="checkbox"/> MPM1D3	
SCIENCE	<input type="checkbox"/> SNC1D1	<input type="checkbox"/> SNC1P1	<input type="checkbox"/> SNC1L1	<input type="checkbox"/> SNC1D3	
GEOGRAPHY	<input type="checkbox"/> CGC1D1	<input type="checkbox"/> CGC1P1		<input type="checkbox"/> CGC1D3	<input type="checkbox"/> CGC1D4
FRENCH	<input type="checkbox"/> FSF1D1	<input type="checkbox"/> FSF1P1			<input type="checkbox"/> FEF1D4
INTRODUCTION À L'INFORMATIQUE APPLIQUÉE AUX AFFAIRES					<input type="checkbox"/> BTT1O4
HEALTHY ACTIVE LIVING EDUCATION - OPEN <input type="checkbox"/> PPL1OF – GIRLS <input type="checkbox"/> PPL1OM - BOYS					

** WHILE YOU MAY SELECT ENRICHED COURSES, PLACEMENT WILL BE BASED ON 80%+ IN GRADE 8 & COURSE AVAILABILITY.

PART B – OPTIONAL - OPEN COURSES (2) NOTE: Extended French must choose 1 course

From the following list of optional courses, choose **TWO (2)**. All courses are offered as **OPEN** only. Indicate your **1st** choice (1), and **2nd** choice (2), by writing the number 1 or 2 in the box beside your choice. All courses are subject to availability.

* strings = violin, viola, cello or bass; beginners means no instrumental experience; ** minimum 2 years experience.

DRAMA <input type="checkbox"/> ADA1O1 MUSIC – BAND (BEGINNERS) <input type="checkbox"/> AMI1O2 MUSIC – BAND (EXPERIENCED) <input type="checkbox"/> AMI1O1 MUSIC – BAND (ENRICHED) <input type="checkbox"/> AMI1O3** MUSIC – STRINGS (BEGINNERS) <input type="checkbox"/> AMS1O2* MUSIC – STRINGS (EXPERIENCED) <input type="checkbox"/> AMS1O1* MUSIC – STRINGS (ENRICHED) <input type="checkbox"/> AMS1O3** MUSIC – VOCAL <input type="checkbox"/> AMV1O1	VISUAL ARTS <input type="checkbox"/> AVI1O1 DANCE <input type="checkbox"/> ATC1O1 INTRO TO INFO TECHNOLOGY IN BUSINESS <input type="checkbox"/> BTT1O1 LEARNING STRATEGIES (resource room for students with an IEP) <input type="checkbox"/> GLE1O9 LEARNING STRATEGIES 1: Skills for Success <input type="checkbox"/> GLS1O1 EXPLORING TECHNOLOGIES <input type="checkbox"/> TIJ1O1
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ALTERNATIVE COURSE:

Choose one (1) alternative (in case we cannot timetable your optional courses).

ALTERNATE COURSE: _____

SPECIAL EDUCATION:

If you are currently in a special education program and will be taking GLE1O9 in grade 9, please indicate which one (1) of the above courses should be deleted.

DELETE: _____

STUDENTS MAY NOT TAKE BOTH GLS1O1 AND GLE1O9. SCHOOL APPROVAL REQUIRED FOR BOTH COURSES.

 Middle School Approval Signature Parent's Signature Student's Signature Date