

St. Thomas Aquinas Catholic Secondary School

Grade 9 Course Selection Guide for 2017- 2018



124 Dorval Dr. Oakville, ON L6K 2W1



Elementary School _____

Student's Last Name _____

Student's First Name _____

Date of birth (YY/MM/DD) _____

Please complete this section guide by circling the course choice. Return with a \$65 activity fee (this fee is an annual voluntary fee that is used to offset costs for school initiatives, materials and activities that enhance the school experience for our students. In accordance with Policy II-47, it is our and Board's commitment that every student should have an equal opportunity to benefit from the school environment, regardless of financial hardships or barriers. Families who are unable to pay school fees are encouraged to contact the school Principal) Changes to elective courses can be made up to June. Please be advised some course offerings maybe cancelled due to low enrollment. Not all course selections are guaranteed.

<p>PART A: Students must <u>circle one (1)</u> course from each of the following course groupings. Exceptions to this will require Special Education Identification – Please see Part C below.</p> <p>Grade 9 Compulsory courses – Please circle SIX (6) desired courses levels. One course per subject area.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">RELIGION</td> <td style="width: 15%;">HRE 1O</td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> <tr> <td>ENGLISH</td> <td>ENG 1D</td> <td>ENG 1P</td> <td>ENG 1L</td> <td></td> </tr> <tr> <td>MATH</td> <td>MPM 1D</td> <td>MFM 1P</td> <td>MAT 1L</td> <td></td> </tr> <tr> <td>SCIENCE</td> <td>SNC1D</td> <td>SNC 1P</td> <td>SNC 1L</td> <td></td> </tr> <tr> <td>GEOGRAPHY</td> <td>CGC1D</td> <td>CGC1P</td> <td></td> <td></td> </tr> <tr> <td>FRENCH</td> <td>FSF1D</td> <td>FSF1P</td> <td></td> <td></td> </tr> </table> <p>For Extended French Students ONLY: You must select the following in order to be enrolled in the Extended French program instead of CGC1D and FSF1D:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">GEOGRAPHIÉ</td> <td>CGC 1DF*</td> </tr> <tr> <td>FRANÇAIS</td> <td>FEF1DF*</td> </tr> </table> <p style="text-align: center;">ENGLISH AS A SECOND LANGUAGE ESL A / B / C / D / E (Circle most appropriate level)</p>	RELIGION	HRE 1O				ENGLISH	ENG 1D	ENG 1P	ENG 1L		MATH	MPM 1D	MFM 1P	MAT 1L		SCIENCE	SNC1D	SNC 1P	SNC 1L		GEOGRAPHY	CGC1D	CGC1P			FRENCH	FSF1D	FSF1P			GEOGRAPHIÉ	CGC 1DF*	FRANÇAIS	FEF1DF*	<p>PART B: All Students must <u>circle two (2)</u> courses from the following elective areas. Exceptions to this will require Special Education Identification – Please see Part C below.</p> <p>Note: IB APPLICANTS 1) In order to meet Ontario Secondary School Diploma requirements, students must complete a credit in Arts <i>and</i> Phys. Ed. It is strongly recommended that IB students take these credits in Gr. 9.</p> <ul style="list-style-type: none"> ● A fee will be levied for the Grade 9 Phys. Ed. courses to cover the cost of first aid certification, and self-defense instruction. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>HEALTH & PHYS. ED.</p> <p>PPL 1OF (<i>Female</i>) PPL 1OM (<i>Male</i>)</p> <p>BUSINESS</p> <p>BTT 1O (<i>Web page design</i>)</p> <p>EXPLORING TECHNOLOGY</p> <p>TIJ1O (<i>Exploring tech.</i>) TXJ1O (<i>Cosmetology</i>) TFJ1O (<i>Food Nutrition</i>)</p> </td> <td style="width: 50%; vertical-align: top;"> <p>ARTS</p> <p>AVI 1O (<i>Visual Arts</i>) AMU 1O (<i>Music</i>)</p> <p>GUIDANCE</p> <p>GLS 1O (<i>Learning Strategies</i>)</p> </td> </tr> </table> <p>ALTERNATE SELECTIONS FOR PART B: All students MUST select two (2) alternative electives if for some reason the student's first two choices cannot be honoured.</p> <p>1. _____ 2. _____</p>	<p>HEALTH & PHYS. ED.</p> <p>PPL 1OF (<i>Female</i>) PPL 1OM (<i>Male</i>)</p> <p>BUSINESS</p> <p>BTT 1O (<i>Web page design</i>)</p> <p>EXPLORING TECHNOLOGY</p> <p>TIJ1O (<i>Exploring tech.</i>) TXJ1O (<i>Cosmetology</i>) TFJ1O (<i>Food Nutrition</i>)</p>	<p>ARTS</p> <p>AVI 1O (<i>Visual Arts</i>) AMU 1O (<i>Music</i>)</p> <p>GUIDANCE</p> <p>GLS 1O (<i>Learning Strategies</i>)</p>
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PART C: SPECIAL EDUCATION

This student has been declared exceptional through an IPRC: Yes No Area of Exceptionality: _____

The course listed in this section is to be chosen in consultation with the Grade 8 classroom teacher.

GLE 10 – Learning Strategies Course – strongly recommended for IEP students

Please Note: A student who is failing Grade 8 or working below Grade Level in English and/or Math will be directed toward the Locally Developed (Essential) credit in that particular subject area. These courses are intended to elevate skills so that the student can be successful in further secondary school programs. A student who is working at Level 1 in English, Math and/or Science will be directed toward the Locally Developed (Essential) course in the applicable subject area.

PART D: TEACHER RECOMMENDATION

	English	Math	Science	French	Geography
ACADEMIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
APPLIED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LOCALLY DEVELOPED (ESSENTIAL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

PART E: PARENT/GUARDIAN COMMENTS

Student's Signature _____ *Parent/Guardian Signature* _____

OFFICE USE ONLY CASH CHQ ONLINE I.D. NUMBER _____ - _____ - _____

Please complete & sign the back of this form

DISCLOSURE OF STUDENT INFORMATION (Check circle and sign either Option A or B and sign below.)

OPTION "A": YES, this is to confirm that I/We consent to the display and/or publication of school-related information about my/our child/ren as described in any of the activities listed on the Background Information Sheet for the current school year. This also applies to the sharing of student information between the elementary and secondary panels for Grade 8 students (refer to Board Policy II-21 Cross Panel Sharing of Student Information).

OR

OPTION "B": NO, this is to confirm that I/We DO NOT consent to the display and/or publication of school-related information about my/our child/ren as described in any of the activities listed on the Background Information Sheet for the current school year.

Date: _____ Parent/Guardian Signature: _____

STUDENT PHOTO/VIDEO CONSENT - circle either "YES" or "NO" and date and sign below

- YES NO 1) I/We understand that during the school year, students may be involved in a wide variety of activities that may involve photo and/or video recording for the purpose of promoting the school, the Halton Catholic District School Board, and/or Catholic education. This is to confirm that I/We consent to the display, publication and/or sharing of my child's name and/or school-related photos/videos of my child in any of the school's and/or Board's: websites, social media channels, publications, professional learning opportunities, reports, newsletters, and/or with the media for the purpose of promoting the school, Catholic education and/or the Halton Catholic District School Board for the 20__ - 20__ school year.
- YES NO 2) This is to confirm that I/We consent to the filing of these photos/videos (print or electronic) in a resource library for possible use in any of the school's and/or Board's: websites, social media channels, publications, professional learning opportunities, reports, newsletters, and/or with the media for the purpose of promoting the school, Catholic education and/or the Halton Catholic District School Board for the 20__ - 20__ school year.
- YES NO 3) This is to confirm that I/We consent to the sharing of my child's name and photo in the annual school yearbook and/or class photos for the 20__ - 20__ school year.

N.B. In providing this consent, I/We acknowledge that the photos/videos (print or electronic) may be widely circulated to the public and that they may be posted on the school's or Board's: website, and/or social media channels, which can be visited by anyone in any part of the world who has access to the Internet. This consent is valid for the school year for which it has been given or until such time that it is withdrawn. It may be withdrawn at any time, upon written notice. In the event that consent is withdrawn, I understand that the materials/photos/videos will be removed from Board websites, social media channels and publications. Furthermore, I understand that it may not be possible to remove all traces of personal information from the Internet or the public realm. This consent form is in compliance with and is governed by the rules and regulations of The Municipal Freedom of Information and Privacy Act and The Education Act for the disclosure of personal information.

Student Name: _____ Grade: ____ Student Signature: _____

Parent/Guardian's Signature: _____ Date: _____

**Both the student and their parent/guardian must sign this photo-video consent form, unless the student is 18 years of age and/or removed from parental control.*

CONSENT TO USE THE HALTON CATHOLIC DISTRICT SCHOOL BOARD'S COMPUTER NETWORK

Please read the *Halton Catholic District School Board's Acceptable Use Procedure for Telecommunications and Internet Use*. This document can be found by clicking on the "Files" link of a student's myBlueprint account. In order to access the Telecommunications facilities provided by the Halton Catholic District School Board it is **mandatory** that you or your parent/guardian (where the student has not reached the age of 18) sign this form.

STUDENT: As a user of the Halton Catholic District School Board's computer network, I have read and hereby agree to comply with the *Halton Catholic District School Board's Acceptable Use Procedure for Telecommunications and Internet Use*.

PARENT/GUARDIAN: As parent/legal guardian, I grant permission for my child to access networked computer services such as electronic mail and Internet. I have read and agree to the *Halton Catholic District School Board's Acceptable Use Procedure for Telecommunications for Internet Use*.

Student: _____ Parent/Guardian: _____

INCLEMENT WEATHER/EARLY SCHOOL CLOSING PERMISSION

In case of inclement weather or early school closing, my child may be dismissed to proceed home in the usual manner without a telephone call to notify parent/guardian. My signature below indicates my agreement to the above procedures.

Date: _____ Parent/Guardian Signature: _____

Parent/Guardian Name (please print): _____