

T.T.S.C. MAGNET STUDENT OPTION SHEET

Phone: (519)759-3691 – Fax: (519)759-6444

STUDENT NAME: _____

HOME SCHOOL: _____ OEN _____

CHOOSE ONE OR TWO MAGNET PROGRAMS FROM THE LIST BELOW AND MARK YOUR CHOICES IN THE BOX TO THE RIGHT OF THE PROGRAMS

AUTO BODY REPAIR & AUTO DETAILING	TTB3C2	
	TTB4C2	
BRICK AND STONE MASON	TCM3E2	
	TCM4E2	
CONSTRUCTION TECHNOLOGY, CARPENTRY	TCC3E2	
	TCC4E2	
HAIRSTYLING AND ESTHETICS	TXJ3E2	
	TXJ4E2	
HEALTH CARE & SUPPORT SERVICES	TPJ3C1/TPJ4E1	
HOSPITALITY, COOKING & EVENT PLANNING	TFC3E1/TFE3E1	
	TFC4E1/TFE4E1	
GREEN INDUSTRIES (HORTICULTURE AND LANDSCAPING)	THJ3E2	
	THJ4E2	
	THO3E2	
OUTDOOR EDUCATION/FORESTRY	THO4E2	
	TFB3E2	
HOSPITALITY & TOURISM, BAKING	TFB4E2	
	TTS3C2	
TRANSPORTATION TECHNOLOGY, SMALL ENGINE & REC EQUIPMENT	TTS4C2	

Each Magnet Program is a 2 credit program taken in the A.M. or the P.M.

Grade 11 is a prerequisite for the Grade 12 level.

DATE: _____ **STUDENT SIGNATURE:** _____

PARENT/GUARDIAN SIGNATURE: _____

HOME SCHOOL COUNSELLOR SIGNATURE: _____

TOLLGATE TECHNOLOGICAL SKILLS CENTRE
MAGNET REGISTRATION INFORMATION

IF YOU USE A LAST NAME OTHER THAN YOUR LEGAL NAME PLEASE INDICATE BOTH

LEGAL LAST NAME _____ FIRST NAME _____ MIDDLE NAME (S) _____

OTHER LAST NAME USED _____

BIRTHDATE _____ SEX _____
MONTH DAY YEAR AGE MALE FEMALE

BRANT COUNTY RESIDENT YES _____ NO _____ IF NO WHAT COUNTY _____

PREVIOUS T.T.S.C. STUDENT YES _____ OR NO _____

ADDRESS _____
APT # NUMBER STREET CITY POSTAL CODE

LOT # _____ CONC. _____ PHONE # _____
AREA CODE & NUMBER

FATHER/GUARDIAN NAME _____ WORK PH# _____
LAST FIRST AREA CODE & NUMBER

MOTHER/GUARDIAN NAME _____ WORK PH# _____
LAST FIRST AREA CODE & NUMBER

STUDENT LIVES WITH: FATHER ___ MOTHER ___ BOTH ___ OTHER (SPECIFY) _____

IS STUDENT PRESENTLY UNDER THE CARE OF THE CHILDREN'S AID SOCIETY? YES ___ NO ___

NAME OF HOME SCHOOL _____

ARE YOU CURRENTLY EXPELLED FROM YOUR PRESENT SCHOOL? _____

***IF PARENT/GUARDIAN UNAVAILABLE:**

EMERGENCY CONTACT IS _____ PH# _____

FAMILY DOCTOR _____ PH # _____

IMPORTANT MEDICAL INFORMATION:

(ALLERGIES, MEDICATIONS, MEDICAL CONDITIONS)

(OTHER INFORMATION YOU WISH THE SCHOOL TO HAVE ON RECORD)

SIGNATURE OF PARENT/GUARDIAN _____