



GRADE 9 COURSE SELECTION SHEET 2022-23

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OEN

Due Date: _____

A: STUDENT INFORMATION (Please Print)

Student's Family Name (Last)	Given Name (First)	Middle Initial	Preferred (Usual) Name:	Gender:
Student Address (Street No.) (Street) (Apt/Unit No.) (City) (Postal Code)		Date of Birth: DAY MONTH YEAR		
		Telephone Numbers: (home) _____ <input type="checkbox"/> Parent <input type="checkbox"/> Parent <input type="checkbox"/> Guardian (work) _____ <input type="checkbox"/> Parent <input type="checkbox"/> Parent <input type="checkbox"/> Guardian (mobile) _____ <input type="checkbox"/> Parent <input type="checkbox"/> Parent <input type="checkbox"/> Guardian (mobile) _____ <input type="checkbox"/> Parent <input type="checkbox"/> Parent <input type="checkbox"/> Guardian		
Email Addresses:				
Student: _____				
Contact 1: _____ <input type="checkbox"/> Parent <input type="checkbox"/> Parent <input type="checkbox"/> Guardian				
Contact 2: _____ <input type="checkbox"/> Parent <input type="checkbox"/> Parent <input type="checkbox"/> Guardian				

B: TO BE COMPLETED BY ELEMENTARY SCHOOL PERSONNEL

1. Current School Name:	Telephone #:	2. Current French Program:	
		<input type="checkbox"/> Core (no modifications)	<input type="checkbox"/> Core (with modifications)
		<input type="checkbox"/> Immersion	<input type="checkbox"/> None (exemption)
3a. IEP/IPRC:	3b. Identification:	3c. Current Level of Support:	
<input type="checkbox"/> NO IEP <input type="checkbox"/> IEP (accommodations only) <input type="checkbox"/> IEP (modifications) <input type="checkbox"/> IEP (transition plan) <input type="checkbox"/> NOT IPRC'd <input type="checkbox"/> Psych-Ed Assessment complete <input type="checkbox"/> Speech and Language <input type="checkbox"/> IPRC Pending <input type="checkbox"/> IPRC to be initiated <input type="checkbox"/> IPRC'd: Review Date: _____	<input type="checkbox"/> Behaviour <input type="checkbox"/> Blind/Low Vision <input type="checkbox"/> Giftedness <input type="checkbox"/> Autism <input type="checkbox"/> Deaf/Hard of Hearing <input type="checkbox"/> Mild Intellectual Disability <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Physical Disability <input type="checkbox"/> Learning Disability <input type="checkbox"/> Language Impairment <input type="checkbox"/> Speech Impairment Check all that apply	<input type="checkbox"/> NONE <input type="checkbox"/> Indirect Support <input type="checkbox"/> Resource Assistance <input type="checkbox"/> Withdrawal /Resource <input type="checkbox"/> Home School Program <input type="checkbox"/> Intensive Support Program <input type="checkbox"/> Other: _____	
4. Resident of Secondary School Area: <input type="checkbox"/> yes <input type="checkbox"/> no			
5. Name of Grade 8 Teacher (please print): _____ Signature: _____			
6. Name of Principal or Designate (please print): _____ Signature: _____			



Tollgate Technological Skills Centre

112 Tollgate Road, Brantford, ON N3R 4Z6
(519) 759-3691 Fax: (519) 759-6444 www.granderie.ca/tollgate

2022 – 2023 Grade 9 Course Selection

Student Name: _____

Elementary School: _____

At Tollgate Technological Skills Centre students may complete a total of eight credits per year. As outlined below, all grade nine students must complete the following four compulsory subjects:

English (ENG1L) – Locally Developed Level

Learning Strategies (GLE10) – Open Level

Math (MAT1L) – Locally Developed Level

Exploring Technologies (TIJ10) – Open Level

Students will have the opportunity to select four elective subjects to complete their timetable. We will endeavor to fill students' timetables with their top four choices. However, we may need to utilize their other choices when scheduling conflicts occur.

Please choose your **top 5 subjects** from the list below. **Please write the number in the space provided in front the subjects you prefer.** (1 being your first choice, 5 being your last choice)

_____ **Art –Craft Focus**
AWA10 (Pottery/Glass/Jewelry/Carving)

_____ **Health and Physical Education**
PPL10

_____ **Art – Indigenous Focus**
NAC10

_____ **Hospitality and Tourism – Foods Focus**
TFJ10

_____ **Construction**
TCJ10

_____ **Manufacturing – Welding Focus**
TMJ10

_____ **Computer Tech**
TGJ10

_____ **Science**
SNC1L

_____ **Geography**
CGC1P

_____ **Transportation – Auto**
TTJ10

Parent/Guardian Signature: _____

Date: _____

A full program of studies can be found on the Grand Erie District School Board website: <http://www.granderie.ca/>



Student Transportation Services

BRANT HALDIMAND NORFOLK

Services de Transport Scolaire

349 Erie Avenue Brantford, ON, N3T 5V3
 Phone: 519-751-7532 Toll Free: 1-877-226-6353 Fax: 519-751-1536
www.stsbhn.ca

TF001

Transportation Request Form

<input type="checkbox"/> New		<input type="checkbox"/> Change		<input type="checkbox"/> Alternate		<input type="checkbox"/> Courtesy	
School:				Start Date:			
				MM/DD/YYYY			
Student Last Name, Student First Name			DOB (M/D/Y)	Grade	OEN		
1.							
2.							
3.							
4.							
5.							
Home Address				<input type="checkbox"/> Custody, <input type="checkbox"/> Caregiver Address or <input type="checkbox"/> Alternate			
Street & Number				Street & Number			
City, Postal Code				City, Postal Code			
Phone #				Phone #			
AM <input type="checkbox"/>	M <input type="checkbox"/>	T <input type="checkbox"/>	W <input type="checkbox"/>	T <input type="checkbox"/>	F <input type="checkbox"/>	AM <input type="checkbox"/>	M <input type="checkbox"/>
PM <input type="checkbox"/>	M <input type="checkbox"/>	T <input type="checkbox"/>	W <input type="checkbox"/>	T <input type="checkbox"/>	F <input type="checkbox"/>	PM <input type="checkbox"/>	M <input type="checkbox"/>
Program: <input type="checkbox"/> Special Education, <input type="checkbox"/> French Immersion, <input type="checkbox"/> Other:							
Comments							
Note: schedules for regular, courtesy, caregiver, and custody situations must be consistent. Please refer to the Transportation website at www.stsbhn.ca , Policies & Procedures, Policy # 002 Transportation Eligibility for more details.							

Courtesy Transportation is subject to all of the following conditions:

- No additional cost will be incurred, space must be available on an existing route
- Permission is granted during the current school year
- Permission to ride the bus may be withdrawn at ANY time if the seat is required by an eligible rider (24 hours' notice will be given)
- Riding privileges will be withdrawn for the remainder of the school year for acts of misconduct

STSBHN **does not** contact families with regards to changes to their bus routes. Information on changes can be accessed by going to www.stsbhn.ca and clicking on the Parent/ Student Login icon. STSBHN requires a minimum of 48 hours to process and make effective the change as submitted on this form. **It is a parental responsibility to ensure that changes have taken effect before sending their child to a bus stop.**

Parent Signature: _____

Principal/ Designate Signature: _____

During the school year, all completed forms must be sent to your child(ren)'s home school. For submissions over the summer, please send completed form to: email: transportation@stsbhn.ca, fax: 519-751-1536, or deliver to: 349 Erie Ave, Brantford ON, N3T 5V3