



Cedarbrae Collegiate Institute

550 Markham Road, Scarborough ON M1H 2A2
Phone number (416) 396-4400 Fax Number (416) 396-4454
GRADE 9 COURSE SELECTION SHEET 2019-2020

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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)	Middle Initial	Gender: _____
Student Address _____ <i>(Street No.) (Street) (Apt/Unit No.)</i>		Date of Birth: ____ DAY ____ MONTH ____ YEAR	
_____ <i>(City) (Postal Code)</i>		Telephone Numbers: (home) _____ <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian (work) _____ <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian (mobile) _____ <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian (mobile) _____ <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian	
Email Addresses: Student: _____ Contact 1: _____ <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian Contact 2: _____ <input type="checkbox"/> Mother <input type="checkbox"/> Father <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"/> Extended <input type="checkbox"/> Immersion <input type="checkbox"/> None (exemption)	
3a. IEP/IPRC: <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 _____	3b. Identification: <input type="checkbox"/> Behaviour <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Blind/Low Vision <input type="checkbox"/> Physical Disability <input type="checkbox"/> Giftedness <input type="checkbox"/> Learning Disability <input type="checkbox"/> Autism <input type="checkbox"/> Language Impairment <input type="checkbox"/> Deaf/Hard of Hearing <input type="checkbox"/> Speech Impairment <input type="checkbox"/> Mild Intellectual Disability Check all that apply		3c. Current Level of Support: <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: _____
4a. ELL/ELD: <input type="checkbox"/> ELL <input type="checkbox"/> ELD	4b. Current ESL Support: <input type="checkbox"/> NONE <input type="checkbox"/> Withdrawal <input type="checkbox"/> In-Class Support <input type="checkbox"/> ESL Class <50%/day <input type="checkbox"/> ESL CLASS>50%/day	4c. Recommended Placement: <input type="checkbox"/> ESL A <input type="checkbox"/> ESL B <input type="checkbox"/> ESL C <input type="checkbox"/> ESL D <input type="checkbox"/> ESL E <input type="checkbox"/> ELD A <input type="checkbox"/> ELD B <input type="checkbox"/> ELD C <input type="checkbox"/> ELD D <input type="checkbox"/> ELD E <input type="checkbox"/> ELL Assessment completed <input type="checkbox"/> Assessment Attached	
5. Country of Birth: _____ First Language _____ If born outside of Canada, indicate arrival date: Month: _____ Year: _____			
6. Resident of School Area: <input type="checkbox"/> yes <input type="checkbox"/> no			
7. Teacher suggestion(s) / input on student's course type selections, programming needs and learning styles: 			
8. Name of Principal or Designate (please print): _____ Signature: _____			

CEDARBRAE COLLEGIATE INSTITUTE 2019 - 2020

Student's Family Name (Last)	Given Name(First)	Initial
Student Number	Gender	

Students should select a total of 8 courses from Part A, B, C, and D

PART A: Students must take the following 6 courses

	Course	Locally Developed	Applied	Academic	ESL	Immersion French	Extended French
1.	English or ESL ✔1 box	<input type="checkbox"/> ENG1L1	<input type="checkbox"/> ENG1P1	<input type="checkbox"/> ENG1D1	<input type="checkbox"/> ESLA08 <input type="checkbox"/> ESLB08 <input type="checkbox"/> ESLC08 <input type="checkbox"/> ESLD08 <input type="checkbox"/> ESLE08		
2.	Mathematics ✔1 box	<input type="checkbox"/> MAT1L1	<input type="checkbox"/> MFM1P1	<input type="checkbox"/> MPM1D1		<input type="checkbox"/> MPM1D5	
3.	Science ✔1 box	<input type="checkbox"/> SNC1L1	<input type="checkbox"/> SNC1P1	<input type="checkbox"/> SNC1D1		<input type="checkbox"/> SNC1D5	
4.	French ✔1 box		<input type="checkbox"/> FSF1P1	<input type="checkbox"/> FSF1D1	<input type="checkbox"/> FSF1O1 (Beginners)	<input type="checkbox"/> FIF1D5	<input type="checkbox"/> FEF1D4
5.	Issues in Canadian Geography ✔1 box		<input type="checkbox"/> CGC1P1	<input type="checkbox"/> CGC1D1	<input type="checkbox"/> CGC1P8	<input type="checkbox"/> CGC1D5	<input type="checkbox"/> CGC1D4
6.	Health & Physical Education ✔1 box	FEMALE <input type="checkbox"/> PPL1OF MALE <input type="checkbox"/> PPL1OM			FEMALE <input type="checkbox"/> PPL1OG MALE <input type="checkbox"/> PPL1OQ		FEMALE <input type="checkbox"/> PPL1OV MALE <input type="checkbox"/> PPL1OP

PART B: ARTS COURSES – RANK your choices (1, 2, and 3) with 1 being the arts credit you would most like to take. Place the numbers in the box beside the course code.

<p>Drama</p> <p><input type="checkbox"/> ADA1O1</p> <p>Music</p> <p><input type="checkbox"/> AMV1O1 (Vocal)</p> <p><input type="checkbox"/> AMI1O1 (Instrumental)</p> <p><input type="checkbox"/> AMK1O1 (Keyboard)</p>	<p>Visual Arts</p> <p><input type="checkbox"/> NAC1O1 (Indigenous Focus)</p> <p><input type="checkbox"/> AVI1O4 (Extended French)</p> <p><input type="checkbox"/> AVI1O5 (Immersion French)</p>
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PART C: OPTIONAL COURSES - RANK your choices (1, 2 and 3) with 1 being the elective credit you would like to take most. Place the numbers in the box beside the course code.

<p>Information. & Communication Technology In Business</p> <p><input type="checkbox"/> BTT1O1</p> <p><input type="checkbox"/> BTT1O8 (ESL)</p> <p>Exploring Family Studies</p> <p><input type="checkbox"/> HIF1O1</p> <p><input type="checkbox"/> HIF2O8 (ESL)</p>	<p>Skills For Success In Secondary School</p> <p><input type="checkbox"/> GLS1O1</p> <p><input type="checkbox"/> GLS1O8 (ESL)</p> <p>Exploring Technologies</p> <p><input type="checkbox"/> TIJ1O1</p>
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PART D: GLE1O9 Learning Strategies for students who have an IEP. Program changes will be made in consultation with the school.

STEM Program (Science, Technology, Engineering, and Mathematics) - The following courses will be taken in one semester as part of this program:

English	ENG1D1
Mathematics	MPM1D1
Science	SNC1D1
Information & Communication	BTT1O1
Technology in Business	

Students interested in this program check this box.

Course Selection Sheets are used for educational planning and are required each year. Please note that changes to a student's program will only be made for sound educational reasons, where enrolment is insufficient to warrant a course being offered and when requested courses conflict in the timetable.

Student Signature: _____

Parent Signature: _____