



GRADE 10 – 12 INTENTION SHEET 2023/2024

Student: _____ **Grade Entering:** _____
 (Last Name) (First Name)

Previous School: _____

- Indicate choices by **CIRCLING** the entire code.
- **Each year a student in attendance at Blessed Trinity must be successful in their Religion credit.**

SUBJECTS	GRADE 10			GRADE 11			GRADE 12		
ARTS									
DANCE	ATC20								
DRAMATIC ARTS				ADA3M			ADA4M		
MUSIC	AMI2O	AMG2O	AMV2O	AMI3M	AMC3M		AMI4M		
FASHION ARTS				AWI3O					
FILM STUDIES				AWR3M			AWR4M		
VISUAL ARTS	AVI2O			AVI3M			AVI4M	AVI4MA	
BUSINESS STUDIES	BBI2O			BAF3M	BMI3C		BAT4M	BDV4C	BOH4M
CANADIAN & WORLD STUDIES									
GEOGRAPHY				CGG3O			CGW4U		
HISTORY	CHC2D	CHC2DA	CHC2P	CHW3M	CHA3U		CHY4U		
	CHC2L	CHC2DF							
ECONOMICS							CIA4U		
LAW				CLU3M			CLN4U	CLN4C	
CIVICS	CHV2O (0.5 credit)		CHV2OF						
ENGLISH	ENG2D	ENG2P	ENG2L	ENG3UA	ENG3E	NBE3U	ENG4U	ENG4C	EWC4U
	ENG2DA					NBE3C	ENG4UA	ENG4E	EWC4C
ENGLISH AS A SECOND LANGUAGE	ESLBO			ESLCO			ESLDO		
FIRST NATIONS METIS INUIT STUDIES				NDA3M			NDW4M (Religion Credit)		
FRENCH AS A SECOND LANGUAGE	FSF2P	FSF2D	FIF2D	FSF3U	FIF3U		FSF4U	FIF4U	
GUIDANCE & CAREER EDUCATION	GLC2O (0.5 credit)		GLC2OF	GPP3O					
INTERNATIONAL LANGUAGES	LWIBD (Italian)								
MATHEMATICS	MPM2D	MFM2P	MAT2L	MCR3U	MCF3M	MBF3C	MCV4U	MDM4U	MHF4U
	MPM2DA			MEL3E			MAP4C	MDM4UA	MCT4C
							MEL4E		
PHYSICAL EDUCATION	PPL2O	PAF2O	PAR2OF	PPL3O	PAF3O	PAR3OF	PPL4O	PAF4O	PSK4U
	PAL2OF(Football)		PAL2OH (Hockey)				PLF4M		
RELIGIOUS EDUCATION	HRE2O	HRE2OF		HRT3M	HRF3O	HRT3MF	HRE4M	HRE4O	HRE4MF
SOCIAL SCIENCE & HUMANITIES				HSP3U	HPC3O	HZB3M	HFA4U	HIP4O	HSB4U
SCIENCE	SNC2D	SNC2P		SBI3U	SCH3U	SVN3M	SBI4U	SPH4U	SCH4U
	SNC2DA			SBI3C	SPH3U	SVN3E	SNC4M	SPH4C	SCH4C
							SES4U		
TECHNOLOGICAL EDUCATION									
COMMUNICATION TECHNOLOGY	TGJ2O			TGV3M	TGG3M	TGP3M	TGV4M	TGG4M	TGP4M
COMPUTER STUDIES	TEJ2O			ICS3U	ICS3UA	TEJ3M	ICS4U	ICS4UA	TEJ4M
CONSTRUCTION TECHNOLOGY	TCJ2O			TCJ3C			TCJ4C		
CREATIVE ADVERTISING							IDC4UA		
HOSPITALITY AND TOURISM	TFJ2O								
TECHNOLOGICAL DESIGN	TDJ2O			TDJ3M	TDV3M		TDJ4M		
ALTERNATIVE CO-OPERATIVE EDUCATION									
CO-OP (Co-operative Education) - Students must provide their own transportation				COP3X	(2 credits)		COP4X	(2 credits)	
MULTI-CREDIT PACKAGES									
Construction Technology				TCJ3EA	(2 credits)		TCJ4EA	(2 credits)	
Hairstylist & Aesthetics				TXJ3EA	(2 credits)		TXJ4EA	(2 credits)	
Horticulture				THJ3EA	(2 credits)		THJ4EA	(2 credits)	
Hospitality - Culinary Arts				TFJ3EA	(2 credits)		TFJ4EA	(2 credits)	
Transportation Technology - Auto Service				TTJ3CA	(2 credits)		TTJ4CA	(2 credits)	
Transportation Technology - Light Aircraft				TTL3CA	(2 credits)		TTL4CA	(2 credits)	

***ALTERNATE CHOICES:** 1. _____ 2. _____ **PARENTAL SIGNATURE** _____

FOR OFFICE USE ONLY: FEE \$55.00 Online _____ Cheque # _____ Cash _____ Debit/Credit _____

Legal Surname: _____ Given Name: _____ Middle Name _____

(Circle one): Male / Female Date of Birth: Month _____ / Day _____ / Year _____

Address: _____ Apt. # _____ City: _____

Postal Code: _____ Telephone: _____

Last School Attended: _____ Religion/Church: _____

Lives with: Both Parents Mother Father Grandparent(s) Guardian Other _____

First Language: _____

Citizenship: _____ Entry Date: _____ Tax Support: _____

IPRC INFORMATION: Has this student been declared "exceptional" through an Identification, Placement and Review Committee? (IPRC) Yes No If yes, please specify: _____
Is student on an IEP? Yes No

PARENT INFORMATION

FATHER: Surname: _____ First Name: _____

Address (if different from student's) _____

Home Phone: _____ E-mail: _____

Employer: _____ Business Phone: _____

Religion/Church: _____ Marital Status: _____

MOTHER: Surname: _____ First Name: _____

Address (if different from student's) _____

Home Phone: _____ E-mail: _____

Employer: _____ Business Phone: _____

Religion/Church: _____ Marital Status: _____

GUARDIAN: Surname: _____ First Name: _____

Address (if different from student's) _____

Home Phone: _____ E-mail: _____

Employer: _____ Business Phone: _____

Religion/Church: _____ Marital Status: _____

Please describe any special custody agreements that affect the child: _____

HEALTH AND EMERGENCY INFORMATION

Health Card # _____ S.I.N. #: _____

In case of emergency, the school is to contact:

Name: _____ Relationship: _____ Phone: _____

Doctor's Name: _____ Phone: _____

Is the student Anaphylactic? Yes No Please specify: _____

List pertinent medical condition(s) the school should be aware of: _____

I hereby grant permission for school officials, when necessary, to transport my son or daughter to school activities, or, in the case of injury when I cannot be reached, to the hospital. I also give permission for my son/daughter to participate in co-curricular activities. If I withdraw this permission, a letter will be sent to the Principal. I further understand that it is the recommendation of Blessed Trinity and my responsibility, to enroll my son/daughter in the Student Accident Insurance Plan. If I choose not to purchase the insurance, I carry adequate insurance protection for my son/daughter. Personal information on this form is collected under the authority of the Education Act R.S.O. 1980, Chapter 129 and will be used for the Ontario Student Record Card and Administrative Purposes. If the release of student name, photo, video image, audio record and/or accomplishments is not to be permitted for school, Board or media publications and/or website, I will notify the Principal in writing before the first day of school. All questions or withdrawal of permission as indicated above is to be directed in writing to the Principal. I also give permission for my son's/daughter's photograph to be used for publication. I support that my son's/daughter's registration at Blessed Trinity is predicated upon my support for the values and philosophy of the Niagara Catholic District School Board; my support of the Policies and Guidelines of the Niagara Catholic District School Board; and my support of the Religious celebrations and activities in the school. All students are required to select and successfully complete a religious education credit course for each year of enrolment.

Parent/Guardian Signature

Date