

BLESSED TRINITY CATHOLIC SECONDARY SCHOOL 145 LIVINGSTON AVE, GRIMSBY, ON L3M 5J6 Tel: 905 945 6706 Fax: 905 945 2205 www.blessedtrinitycss.ca



## **GRADE NINE INTENTION SHEET 2022 – 2023**

## NAME:

## ELEMENTARY SCHOOL:

All Grade Nine students will take six (6) compulsory courses and choose two (2) optional courses. During each semester, students will be enrolled in <i>four</i> different courses.						
Compulsory Courses:	Indicate with a check mark ( $$ ) beside each compulsory course your choice of Academic, Applied or Locally Developed. All students will take a <b>Religion</b> course each year at Blessed Trinity Catholic Secondary School.					
<u>Optional Courses:</u>	All Grade Nine students will select <b>two (2) optional</b> courses from within the five subject areas listed below. Indicate a first, second and third choice by using the numbers 1, 2 and 3. The third choice will only be used if there is a scheduling conflict with either the first or second choice. Students and parents may find course descriptions available on the Niagara Catholic District School Board web site at <u>www.niagaracatholic.ca</u> under Student Portal.					

	COMPL	STUDENT SELECTION		
1	ENGLISH	ENG1D		
		ENG1L	LOCALLY DEVELOPED	
2	FRENCH	FSF1D		
		FIF1D	FRENCH IMMERSION ONLY	
3	CANADIAN	CGC1D		
	GEOGRAPHY	CGC1DAP	AP PREP	
		CGC1DF	FRENCH IMMERSION ONLY	
4	MATHEMATICS	MTH1W	OPEN	
		MAT1L	LOCALLY DEVELOPED	
5	RELIGION	HRE10	OPEN	
		HRE10F	OPEN FRENCH IMMERSION ONLY	
6	SCIENCE	SNC1W		
		SNC1WAP	AP PREP	
		SNC1L	LOCALLY DEVELOPED	

OPTIONAL COURSES (RANK 1 – 3)						
INDICATE A FIRST, SECOND AND THIRD CHOICE						
BY USING THE NUMBER 1, 2, or 3						
VISUAL ARTS	AVI1O	OPEN				
Expressions of Aboriginal Culture	NAC1O	OPEN				
HEALTHY LIVING	PPL10F	OPEN – FEMALE				
	PPL10M	OPEN – MALE				
	PAF10	OPEN- SUPERFIT				
	PAL1OF	OPEN- FOOTBALL				
	PAL10H	OPEN- HOCKEY				
	PAR10	OPEN-DANCE AEROBICS				
MUSIC	AMI1O	OPEN				
	AMV20 (Vocal)	OPEN				
Information & Communication Tech in Business	BTT10	OPEN				
EXPLORING TECHNOLOGIES	TIJ1O	OPEN				
DRAMA	ADA10	OPEN				
LEARNING STRATEGIES	GLS10	OPEN				

Personal information is collected under the authority of the Education Act. R.S.O. 1980 Chapter 1290 and will be used to register and prepare an individual timetable for the student at Blessed Trinity Catholic Secondary School.

Student's Signature: \_\_\_\_\_

Parent/Guardian's Signature:

OFFICE USE ONLY: FEE \$55.00 Online
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Cheque #\_\_\_\_

\_\_\_\_

Cash

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Please complete the Personal Information/Waiver form on the back of this intention sheet

Legal Surname:		Given Name:	Mid	dle Name
(Circle one): Male / Female		Date of Birth: Month	/ Day	/ Year
Address:		Apt.	# City:	
Postal Code:		Telephone:		
Last School A	Attended:		Religion/Church:	
Lives with:	Both Parents	🗆 Father 🛛 Grand	lparent(s) 🗆 Guardia	n 🗆 Other
First Langua	ge:	_		
Citizenship:	Entry	Date:	Tax Support	
IPRC INFOR	MATION: Has this student been Committee? (IPRC) Is student on an IEP?	□ Yes □ No If yes, p	-	Placement and Review
PARENT I	NFORMATION			
FATHER:	Surname:	First	Name:	
	Address (if different from student	s)		
	Home Phone:	_ Cell Phone:	E-mail:	
	Employer:	Business P	none:	
	Religion/Church:		Marital Status:	
MOTHER:	Surname:	First	Name:	
	Address (if different from student			
	Home Phone:			
	Employer:			
	Religion/Church:			
GUARDIAN:	Surname:			
	Address (if different from student			
	Home Phone:			
	Employer: Religion/Church:			
Plaasa dasar	ibe any special custody agreemen			
HEALTH	AND EMERGENCY INFOR	RMATION		
Health Card #	¥	S.I.N. #:		
In case of em Name:	#	ionship:	Phone:	
	Relat			
le the student	t Apophylaotio2 🗆 Voo 🗆 No 🛛			

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 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.