



ST. CHARLES COLLEGE

1940 Hawthorne Drive, SUDBURY, Ontario P3A 1M8

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Grade 9 Registration Form

please print

PART A - STUDENT INFORMATION

DOB (mm/dd/yyyy):	OEN:	Gender: male <input type="checkbox"/> female <input type="checkbox"/>	
Legal Given & Middle Name:	House #:	Apt. #:	P O Box:
Legal Last Name:	Street Name:		RR#:
Last school attended:	City:	Postal Code:	
Proof of Age: <input type="checkbox"/> Birth Cert. <input type="checkbox"/> Baptismal Cert. <input type="checkbox"/> Other	Telephone: <input type="checkbox"/> Unlisted		
<input type="checkbox"/> Canadian Citizen Province of Birth:	<input type="checkbox"/> Landed Immigrant Status Country at Birth:	Entry Date to Canada: First Language:	
Do you have any siblings attending St. Charles College? If yes, Name(s):			
Religion/Parish:			
Aboriginal Status: <input type="checkbox"/> First Nations <input type="checkbox"/> Metis <input type="checkbox"/> Inuit			
Why are you choosing SCC? <input type="checkbox"/> school visits <input type="checkbox"/> word of mouth <input type="checkbox"/> academic program <input type="checkbox"/> friends <input type="checkbox"/> other <input type="checkbox"/> extra-curricular activities <input type="checkbox"/> all of the above			

PART B - PARENT/GUARDIAN INFORMATION

<input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Guardian	<input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Guardian
Surname, Given Name: Title - Mr. Other: _____	Surname, Given Name: Title - Miss Mrs Ms Other: _____
(if different from student's address)	(if different from student's address)
Address:	Address:
City: Postal Code:	City: Postal Code:
Home #: Cell #:	Home #: Cell #:
Business #: Ext.	Business #: Ext.
Email:	Email:
Student lives with: <input type="checkbox"/> Both parents <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Legal guardians <input type="checkbox"/> Self OR Other (Please identify):	

PART C - EMERGENCY CONTACT INFORMATION

In an emergency, the school will attempt to call either of the parent(s)/guardian(s). The information given here will only be used IF NEITHER PARENT(S)/GUARDIAN(S) can be reached.	
Contact Person's Name:	Relationship to Student:
Telephone:	Cell #:
Business #: Ext. #:	
Medic Alert Condition:	
Disability Condition:	
If your son/daughter has a particular medical problem that the school should know about in case of an emergency, please list it here	

COMPULSORY SUBJECTS

SUBJECTS	PLEASE CIRCLE COURSE CODE				
	OPEN	ACADEMIC	ENRICHED	APPLIED	FRENCH IMMERSION
Religion	HRE1O0				HRE1OI
English (select 1)		ENG1D0	ENG1DE	ENG1P0	
Math (select 1)		MPM1D0	MPM1DE	MFM1P0 GLS1O0	
Geography (select 1)		CGC1D0		CGC1P0	CGC1DI
Science (select 1)		SNC1D0	SNC1DE	SNC1P0	
French (select 1)		FSF1D0			FIF1DI

ELECTIVE SUBJECTS	CIRCLE 2 COURSE CODES	
Drama	ADA1O0	
Instrumental Music - Band	AMU1O0	
Instrumental Music - Vocal	AMV1O0	
Guitar	AMG1O0	
Visual Art	AVI1O0	
Information & Communication Technology in Business	BTT1O0	
Learning Strategies (GLE - for identified students only)	GLS1O0 / GLE1O0	
Food and Nutrition	HFN1O0	
Native Languages - Ojibwe	LNOAO0	
Natives Studies - Expressing Aboriginal Cultures	NAC1O0	
Physical Education - Healthy Active Living (F - Female / M - Male)	PPL1OF / PPL1OM	
- Large Group Activities - Hockey (FH - Female /MH - Male)	PAL1OFH / PAL1OMH	
- Large Group Activities - Football (Males only)	PAL1O0F	
- Large Group Activities - Soccer (FS - Females /MS - Males)	PAL1OFS / PAL1OMS	
- Large Group Activities - Basketball (FB - Females /MB - Males)	PAL1OFB / PAL1OMB	
Physical Education - Rhythm & Movement	PAR1OF	
Exploring Technologies	TIJ1O0	

ALTERNATIVE CHOICE (Please indicate 1 other elective subject in case of timetable conflict):

COURSE: _____ CODE: _____

"I consent to the collection, use and disclosure of the above noted personal information for the purpose of providing safe student transportation, and understand that this information may be disclosed to the providers of such transportation."

Parent/Guardian Signature: _____ **Date:** _____

Elementary School Principal's Comments

Will an I.P.R.C meeting be required? Yes No Exceptionality: _____

Does this student have an I.E.P. Yes No

This student is best suited for which level of study: Academic Applied Comprehensive Lifeskills Pathways to Success
 Enriched English Enriched Mathematics Enriched Science

Principal's Signature: _____ Date: _____