



ST. BENEDICT CATHOLIC SECONDARY SCHOOL

GRADE 9 REGISTRATION FORM

2993 Algonquin Road, Sudbury, Ontario, P3E 4X5

<http://st-benedict.sudburycatholicschools.ca/>

Telephone: 705-523-9235

Fax: 705-523-4115

PART A – STUDENT INFORMATION

OEN:		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		
DOB (mm/dd/yyyy)		Street Name:		
Legal Surname:	Legal Given Name:	House #	Apt #	P O Box
				RR #
Current School:		City:	Postal Code:	
Proof of Age <input type="checkbox"/> Birth Cert. <input type="checkbox"/> Baptismal Cert. <input type="checkbox"/> Other		Telephone: ()		
<input type="checkbox"/> Canadian Citizen	Province of Birth:	<input type="checkbox"/> Landed Immigrant Status	Entry Date to Canada	
		Country at Birth:	First Language	
Do you have any siblings attending St. Benedict? If yes, Name(s)				
Religion:		Parish:		
Aboriginal Status: <input type="checkbox"/> First Nations <input type="checkbox"/> Metis <input type="checkbox"/> Inuit				

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:		Surname, Given Name:		
<i>(if different from Student's address)</i>		<i>(if different from Student's address)</i>		
Address:		Address:		
City:	Postal Code	City:	Postal Code	
Home #	Cell #	Home #	Cell #	
Business #	Ext.	Business #	Ext.	
Email:		Email:		
Student resides with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Legal guardians 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:	Medic Alert Condition:
Telephone: Ext.	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

SUBJECT	PLEASE CIRCLE COURSE CODE			
	OPEN	ACADEMIC	APPLIED	FRENCH IMMERSION
Religion	HRE 100			HRE 10I
English (select 1)		ENG 1D0	ENG 1P0	
Math (select 1)		MPM 1D0	MFM 1P0	
Geography (select 1)		CGC 1D0	CGC 1P0	CGC 1DI
Science (select 1)		SNC 1D0	SNC 1P0	
French (select 1)		FSF 1D0	FSF 100	FIF 1DI

ELECTIVE SUBJECTS CIRCLE 2 COURSE CODES

Drama	ADA 100		
Instrumental Music	AMU 100	Native Studies – Expressing Aboriginal Cultures	NAC 100
Visual Art	AVI 100	Physical Education- Healthy Active Living	PPL 10 Female PPL 10 Male
Introduction to Business	BBI 100	Exploring Technologies	TIJ 100
Food and Nutrition	HFN 100		

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 I understand that this information may be disclosed to the providers of such transportation."

Elementary School Principal's Comments (Applicable only to Sudbury Catholic District School Board)

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

This student is best suited for which level of study: Lifeskills Locally Developed Academic Applied

Principal's Signature: _____ Date: _____

Revised February 2016

Parent(s)/Guardian(s) Signature: _____