



# Thom Collegiate

265 Argyle St. N., Regina, SK S4R 4C7  
Phone: (306) 523-3600 Fax: (306) 791-8672  
Web Site: thomcollegiate.rbe.sk.ca

*A Safe and Caring Place for All to Learn!  
Un milieu scolaire chaleureux, accueillant et sécuritaire pour mieux apprendre!*

## 2018-2019 Grade 9 Student Registration Form

### Student Information

**Please Print**

### Parent / Guardian Information

Student Last Name: \_\_\_\_\_

Student First Name: \_\_\_\_\_

Student Middle Name: \_\_\_\_\_

Address: \_\_\_\_\_

*If living on an acreage or farm, please provide land location:*

Sec \_\_\_\_ Township \_\_\_\_ Range \_\_\_\_ Meridian \_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Student Cell: \_\_\_\_\_

Gender:  Male  Female  Unspecified

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

### **Previous School Attended:**

\_\_\_\_\_

Name of Sibling(s) at Thom: \_\_\_\_\_

### Learning Resource Assistance

**Have you had LR, Tutorial, or an Educational Assistant in the past:**  Yes  No

If yes, what grades and how long: \_\_\_\_\_

Have you had EAL support:  Yes  No

**Contact 1:** Relationship to student: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address:  Same as student or \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Contact 2:** Relationship to student: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address:  Same as student or \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### **Contact 3: Emergency Information (if different from above)**

Full Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

### **Declaration & Transfer**

As the legal parent/guardian of the student named above, I hereby declare that the information provided is correct to the best of my knowledge, and authorize and request the transfer of the student's school records to:

**Thom Collegiate, 265 Argyle Street North, Regina, Saskatchewan, S4R 4C7**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

## GRADE 9 COURSE SELECTION

### REQUIRED CLASSES

- 0917 English Language Arts 9     **OR**
- 0917 English Language Arts 9 (**Pre-AP**) (counts as 2 classes)
  
- 0903 Math 9     **OR**
- 0903 Math 9 (**Pre-AP**) (counts as 2 classes)
  
- 0907 Social Studies 9
- 0914 Science 9
  
- 0900 Boys Physical Education 9
- 0950 Boys Health 9

**OR**

- 0900 Girls Physical Education 9
- 0950 Girls Health 9

### ELECTIVE CLASSES

*You **MUST** choose two classes from the following:*

- 0919 French 9 (Prerequisite for French 10)
- 0930 Fine Arts (Music, Art & Drama)
- 0947 PAA - Home Arts Rotation (Includes: Cooking & Sewing, Electrical, Construction & Auto)

### Other Electives (Noon Hour & Early Morning)

*You **MAY** choose any of the following:*

- 0926 Band 9 (noon hour)
- 0929 Choral 9 (noon hour)
- 0931 Vocal Jazz 9 (7:30 am)
- 0942 Jazz Band 9 (7:30 am)

**Choral and Band are scheduled as extra classes at noon hour and Jazz Classes are at 7:30 am and would be taken in addition to the 8 classes chosen. Students must be registered in noon Band to take Jazz Band and be in noon Choir to take Vocal Jazz.**

## Medical Information

**Saskatchewan Health Number:** \_\_\_\_\_

This number is collected and used at the school level to address Emergent Medical situations. The Department of Learning uses the HSN to ensure students' educational needs are being met. Saskatchewan Learning will not use the Health Services Number for any other purpose.

Medical Alert Information:

\_\_\_\_\_

## Declaration

The following information is collected for Saskatchewan Learning and disclosure is protected under the Local Freedom of Information and Protection of Privacy Act.

Country of Birth _____	Country of Origin _____
First Country of Citizenship _____	Second Country of Citizenship _____
First Language Spoken at Home _____	Second Language Spoken at Home _____

Information on Aboriginal ancestry is collected in the SDS by Saskatchewan Learning to inform program decisions at the local and provincial levels. Schools are required to provide students with the opportunity to self-declare their Aboriginal ancestry.

Aboriginal people are those who identify themselves to be Registered/Treaty/Status Indian, Non-Status Indian, Métis, or Inuit.

Based on this definition, do you consider yourself to be an Aboriginal person?      Yes      No

If **Yes**, please specify the Aboriginal group you belong to:

First Nation/Registered/Treaty/Status      First Nation/Non-Registered/Non-Status      Métis      Inuit

Band Affiliation (optional) \_\_\_\_\_     Treaty Status Number (optional) \_\_\_\_\_