



**SILVERTHORN COLLEGIATE INSTITUTE**  
**High Performer Elite Athlete Program**  
**GRADE 9 COURSE SELECTION SHEET**  
**2024 – 2025**

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*T.D.S.B. Student Number*

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*OEN*

**A: STUDENT INFORMATION (Please Print)**

Student's Family Name (Last)	Given Name (First)	Initial	<input type="checkbox"/> M <input type="checkbox"/> F
Student Address		D.O.B.:	
(Street)	(Apt. #)	_____ <i>dd</i> <i>mm</i> <i>yy</i>	
(City)	(Postal Code)	Telephone:      Mother    Father    Guardian	
		(h) (    )      _____ - _____      M <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/>	
		(b) (    )      _____ - _____      M <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/>	
		(c) (    )      _____ - _____      M <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/>	

**B: TO BE COMPLETED BY CURRENT SCHOOL OR DESIGNATE (for TDSB Office Use Only)**

1. Current School Name		Telephone #:	2. Current French Program:	
			<input type="checkbox"/> Core <input type="checkbox"/> Extended <input type="checkbox"/> Immersion <input type="checkbox"/> None	
3a. IEP/IPRC:	3b. Special Education Identification:		3c. Current Level of Support:	
<input type="checkbox"/> Individual Education Plan <input type="checkbox"/> IPRC'd: Date _____	<input type="checkbox"/> Behaviour <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Learning Disability <input type="checkbox"/> Physical Disability <input type="checkbox"/> Gifted <input type="checkbox"/> Multiple Exceptionalities <input type="checkbox"/> Mild Intellectual Disability <input type="checkbox"/> Other: _____		<input type="checkbox"/> Withdrawal <input type="checkbox"/> Resource <input type="checkbox"/> Congregated Class	
4a. ESL/ELD:	4b. ESL Proficiency: (please circle appropriate level)		4c. Recommended Placement:	
<input type="checkbox"/> ESL      Oral Language    Level 1    Level 2    Level 3    Level 4 Reading                      Level 1    Level 2    Level 3    Level 4 <input type="checkbox"/> ELD      Writing                      Level 1    Level 2    Level 3    Level 4			<input type="checkbox"/> ESLAO <input type="checkbox"/> ESLBO <input type="checkbox"/> ESLCO <input type="checkbox"/> ESLDO <input type="checkbox"/> ESLEO <input type="checkbox"/> ELDAO <input type="checkbox"/> ELDBO <input type="checkbox"/> ELDCO <input type="checkbox"/> ELDDO <input type="checkbox"/> ELDEO	
5. Date of Arrival in Canada:				
Month: _____ Year: _____		<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Visa Student <input type="checkbox"/> Other		
Country of Birth: _____		First Language		
6. Resident of School Area: <input type="checkbox"/> yes <input type="checkbox"/> no				
7. Applied to Other Schools/Programs: <input type="checkbox"/> yes <input type="checkbox"/> no				
Regular Programs		Specialized Schools/Programs		
#1:	#2:	#3:	#4:	
8. The program selected is based on the school's recommendations: <input type="checkbox"/> yes <input type="checkbox"/> no				
9. Comments:				
10. Name (please print):				
Signature:				

**Collection of Personal Information**

Personal information contained on this form or personal information collected on behalf of the Toronto District School Board is collected under the authority of the Education Act and in compliance with sections 14, 31 and 32 of the Municipal Freedom of Information and Protection Act, 1989. This information is required to register and place the student in the school system, or for a consistent purpose such as the allocation of staff and resources.

Refer to **Choices 2008** for information about Secondary School course selections. <https://www.tdsb.on.ca>

# SILVERTHORN COLLEGIATE INSTITUTE

291 MILL ROAD, ETOBICOKE, ON M9C 1Y5  
 Phone Number (416) 394-7010 Fax Number (416) 394-7924

Last Name	First Name
Student Number	Male <input type="checkbox"/> Female <input type="checkbox"/>
<b>HIGH PERFORMER PROGRAM</b> Athletic Activity:	<b>HIGH PERFORMER PROGRAM:</b> Please check off a schedule preference morning classes <input type="checkbox"/> afternoon classes <input type="checkbox"/> full day schedule <input type="checkbox"/>

**ALL STUDENTS MUST TAKE 8 COURSES.**

**CORE SUBJECTS** – Indicate with an **x** your selection

<b>English</b>	ENL 1WP <input type="checkbox"/>	( <b>LUNCH CLASS</b> ) – HIGH PERFORMER ATHLETES <b>ONLY!</b>	or
	ESL <input type="checkbox"/>	English as a Second Language	
<b>Mathematics</b>	MTH 1W1 <input type="checkbox"/>		
<b>Science</b>	SNC 1W1 <input type="checkbox"/>		
<b>Geography of Canada</b>	CGC 1WE <input type="checkbox"/>	( <b>ONLINE COURSE</b> ) – HIGH PERFORMER ATHLETES <b>ONLY!</b>	
<b>French</b>	FSF 1DP <input type="checkbox"/>	( <b>LUNCH CLASS</b> ) – HIGH PERFORMER ATHLETES <b>ONLY!</b>	
	FSF 1O1 <input type="checkbox"/>	(Open/Beginner French)	

**Healthy Active Living Education** – WILL BE MADE AVAILABLE THROUGH COURSE CODES BELOW. PLEASE SELECT THE HP TRAINING CODE THAT **BEST** SUITS YOUR TRAINING SCHEDULE PREFERENCE. SELECT **2 CODES IF NEEDED ALL YEAR.**

<b>HPAM01</b> <input type="checkbox"/>	<b>HPAM02</b> <input type="checkbox"/>	<b>HPPM01</b> <input type="checkbox"/>	<b>HPPM02</b> <input type="checkbox"/>
TRAINING MORNINGS SEM 1	TRAINING MORNINGS SEM 2	TRAINING AFTERNOON SEM 1	TRAINING AFTERNOON SEM 2

**THE ARTS** - Please indicate your first (1) and second (2) preference. **All courses are (O) Open.**

<b>Dramatic Arts</b>	ADA101 .....	<b>Music</b>
<b>Visual Arts</b>	NAC101 .....	<b>Band - AMI101</b> .....
<b>Dance</b>	ATC101 .....	<b>Vocal - AMV101</b> .....
		<b>Strings - AMS101</b> .....
		<b>Keyboard - AMK101</b> .....

**OPTIONAL SUBJECTS** - Please indicate your first (1) and second (2) preference. **All courses are (O) Open.**

<b>Individual, and Family Living</b>	HIF101 .....	<b>Building the Entrepreneurial Mindset</b>	BEM101 .....
<b>Technologies and the Skilled Trades</b>	TAS101 .....		

**COMMUNICATION COURSES** - Students who have been identified as **EXCEPTIONAL** via the IPRC process need to have school staff complete Sections 3 a, b, c on the front of this sheet. Students need to indicate if they would like to take GLE 101 with an X. (**Communications may be substituted for French or their optional subject.**)

Yes, I am eligible and wish to take **GLE 101**

**PLEASE NOTE:** Under the Education Act, a student who has *not* been *promoted* from Elementary school may apply for admission to a secondary school. Student's who are permitted to *transfer* to Silverthorn C.I. from grade 8, **will be required to take Learning Strategies** as part of their grade 9 program of study. (**GLS10 will be the optional subject**)

**LEARNING STRATEGIES: SKILLS FOR SUCCESS IN SECONDARY SCHOOL** **GLS101**

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

\_\_\_\_\_  
 Parent's/Guardian's Signature

**COURSE SELECTION PROCESS:** Option sheets are used for educational planning and are required each year. Please note that changes to a student's program will only be made for sound educational reasons and where enrolment is insufficient to warrant a course being offered.