



Fleetwood Park Secondary School

7940 - 156 Street, Surrey, B.C. V3S 3R3
Ph: 597-2301 Fax:597-6481

Office use only

Student ID #: _____
 Verify citizen: _____
 Status: _____ Grade: _____
 Schl Yr: _____ Div.: _____
 Prog: _____ Locker: _____
 Prev Schl: _____ File Rec: _____
 Adm Date: _____
 Adm Code: _____
 Flags 1_2_3_4_ _____
 Catchment: _____ Attend Code: _____
 PEN # _____
 Custody Code: _____

SCREENS

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 MISC MINS SCHE

GRADE 9

STUDENT INFORMATION FORM

2009 / 2010

A. STUDENT RECORDS

FILL OUT COMPLETELY – Print clearly

Legal Last Name _____ **Sex (M or F)** _____
Legal First Name _____ **BIRTHDATE:** _____

Legal Middle Name _____
Called Name _____

Address: _____ **Phone Number:** _____
 _____ Postal Code _____ *Indicate a "U" if unlisted* _____

Resides with: Parents Guardian Mother only Father only
 Mother/Stepfather Father/Stepmother Foster Parent Relative
 Other _____

Mother's Full Name: _____ Guardian's Full Name: _____
 Father's Full Name: _____ Relative's Name: _____
 Stepmother's Name: _____ Stepfather's Name: _____

B. EDUCATIONAL INFORMATION:

1. Please indicate any special learning circumstances or disabilities which may affect your child's education _____
2. Indicate any special classes or support that your child is receiving: _____

C. EMERGENCY CONTACTS:

Guardian's Phone # _____ Cell Phone: _____
 Mother's Business: _____ Phone No: _____
 Mother's Cell Phone: _____ Pager No: _____
 Father's Business: _____ Phone No: _____
 Father's Cell phone: _____ Pager No: _____
 Doctor's Name: _____ Phone No: _____
 Step Parent Business: _____ Phone No: _____
 Emergency Contact: _____ Phone No. _____ Relationship: _____
 Relative: _____ Phone No: _____ Relationship: _____
 Neighbour: _____ Phone No: _____
 Other: _____ Phone No: _____

D. MEDICAL INFORMATION:

under normal circumstances medication is administered at home and will not be administered at school.

Medical Condition diagnosed by physician : _____ Medical Alert: Yes No
 Medications: _____ Special Instructions: _____

 Allergies: _____
 Medication: _____

Does your child require medication administered by school staff, please circle: **YES** **NO**
If yes, please complete the Medical Alert Information and Care Plan Form.
 If your child has a disability requiring any treatment or procedure to be carried out on a regular basis (eg. catheterization), please indicate:
 Yes Specify _____
 No
 CARE CARD NO: _____

PREVIOUS SCHOOL: _____
Address: _____
Language spoken in home: _____
Birth Country: _____ **If Canada, Province:** _____
ABORIGINAL ANCESTRY: Yes No **Band:** _____

⇒ **NOTE:** It is the responsibility of parents/guardians to inform the school of any changes in information or of circumstances which may seriously affect your child's health or education.

I hereby verify the above information to be correct: _____ Date: _____
Signature

Course Selection Form

2009 2010

Student's Last Name	Student's First Name	Student Number
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Grade 9 students

***MUST take the following CONSTANT courses
PLUS three ELECTIVES:***

CONSTANTS

- Circle** 2000 English 9 *plus*
Circle 2100 Social Studies 9
OR
Circle 2050 Humanities 9

Circle 2300 Science 9

Circle 2200 Principles of Mathematics 9
OR
2210 Mathematics 9 Core

Circle 2570 Health & Career Education 9

Circle 2400 Boys 9 Physical Education
OR
2401 Girls 9 Physical Education

ELECTIVES

Students in Grade 9 choose three courses from the following list of electives.

LANGUAGES

- 2810 French 9
2830 Spanish 9

APPLIED SKILLS

- 2503 Keyboarding & Computer Applications 9
2560 Computer Studies 9
2565 Business Education 9
2900 Drafting & Design 9
2913 Animation 9
2920 Electronics Technology 9
2934 Engineering & Design 9
2960 Wood Technology 9 - Skill Level 1
2710 Clothing & Textiles 9
2720 Foods & Fashion 9
2730 Foods & Nutrition 9

FINE ARTS

- 2600 Art 9
2640 Drama 9
2660 Concert Band 9
2685 Instrumental Jazz 9/10
2680 Concert Choir 9
2681 Vocal Jazz 9
2420 Dance 9
2426 Breaking, Popping, Locking & Hip Hop for Boys

Parent email address:

Note: Every student must fill in TWO (2) alternate courses in case it is impossible to schedule a course or in case a course is cancelled due to a lack of requests. Please indicate your alternate choices below.

If I cannot take (_____)_____, I will take (_____)_____ instead.