



# Campbell Collegiate

102 Massey Road, Regina, SK  
S4S 4M9

Phone: (306) 523-3250

Fax: (306) 584-5995

Website: [campbellcollegiate.rbe.sk.ca](http://campbellcollegiate.rbe.sk.ca)

Campbell Collegiate believes in the dignity of each individual. We strive to develop responsible citizens and life-long learners by fostering intellectual, physical, social and emotional growth within a safe learning environment.

## 2018 – 2019 Grade 9 French Immersion Registration Form

### GRADE 9 COURSE SELECTION

#### REQUIRED CLASSES

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> 0904 Mathématiques (year-long course) | <input checked="" type="checkbox"/> 0922 English Immersion        |
| <input checked="" type="checkbox"/> 0908 Sciences Sociales                | <input checked="" type="checkbox"/> 0981 Hygiène                  |
| <input checked="" type="checkbox"/> 0920 Français A                       | <input checked="" type="checkbox"/> 0924 Sciences                 |
| <input checked="" type="checkbox"/> 0921 Français B                       | <input type="checkbox"/> 0900 Physical Education Female <b>OR</b> |
|   | <input type="checkbox"/> 0900 Physical Education Male             |

#### ELECTIVE CLASSES

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

- 0947 Practical & Applied Arts 9 (foods, woodworking, welding, graphic arts, business and social technology)
- 0928 Musical Theatre 9
- 0930 Fine Arts 9 Visual Art (painting, drawing and sculpture)
- 0927 Musical Instrumental 9 (must play a concert band instrument)

#### Other Electives (at noon or off timetable)

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

- 0926 Band 9 Noon Hour Class (2 noon hours a week, all year long)
- 0929 Choral 9 Noon Hour Class (2 noon hours a week, all year long)
- 0939 String Orchestra 9 (Off Timetable Class)

**FEES:** Students should be aware that some courses have nominal fees. All students will be issued textbooks in accordance with subjects selected. As the cost of texts can easily be in excess of \$200.00 per student, it is understandable that students must return books in the condition issued. Parents/students will be expected to pay for lost or damaged books.

**STUDENT DEMOGRAPHICS (2018-2019)****Student ID#**

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:  Registered/Treaty/Status Indian  Non-status Indian  Métis  Inuit

<b>Legal Last Name:</b>	Street Address:
	City: Province: Postal Code:
<b>Legal First Name:</b>	Siblings at Campbell:
<b>Legal Middle Name:</b>	Health Card Number:
<b>Birthdate:</b> MM ____ / DD ____ / YR ____ Gender: <b>M / F</b>	Medical Information:
Grade Level: ____ Student Cell Number: ____	Land Location: (if on acreage)
Last School Attended : ____ School Address: ____	

**STUDENT CONTACT INFORMATION:** (please include emergency/social workers/ youth worker if applicable)

1	<b>Name:</b> _____ <b>Relationship:</b> _____	Email: _____
	<b>Phone:</b> home _____ cell _____ work _____	Lives with <input type="checkbox"/> OR address: _____
2	<b>Name:</b> _____ <b>Relationship:</b> _____	Email: _____
	<b>Phone:</b> home _____ cell _____ work _____	Lives with <input type="checkbox"/> OR address: _____
3	<b>Name:</b> _____ <b>Relationship:</b> _____	Email: _____
	<b>Phone:</b> home _____ cell _____ work _____	Lives with <input type="checkbox"/> OR address: _____
4	<b>Name:</b> _____ <b>Relationship:</b> _____	Email: _____
	<b>Phone:</b> home _____ cell _____ work _____	Lives with <input type="checkbox"/> OR address: _____

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 Citizenship \_\_\_\_\_ First Language spoken at home \_\_\_\_\_ Second \_\_\_\_\_  
 In which school division do parents/guardians reside?  Regina Public Schools or Other (specify): \_\_\_\_\_

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:

**Campbell Collegiate, 102 Massey Road, Regina, Saskatchewan, S4S 4M9**

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

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

\_\_\_\_\_  
 Date