Parent / Guardian Information

Parent / Guardian 1	Parent / Guardian 2
☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other: _____	☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other: _____
Last Name _____	Last Name _____
First Name _____	First Name _____
Address _____	_____
Relationship to Student _____	Relationship to Student _____
Contact # _____	Contact # _____
Email Address _____	Email Address _____
Place of Employment _____	Place of Employment _____

Medical Management Plan

High School

Medication Management Plan in Place? ☐ Yes ☐ No

☐ Anaphylaxis ☐ Asthma ☐ Diabetes ☐ Seizures ☐ Other: _____

☐ As legal parent/guardian of the above named student, I do give the school permission to share information with staff to support this student's Medical Management Plan/Emergency Action Plan.

☐ As legal parent/guardian of the above named student, I do not give the school permission to share information with staff to support this student's Medical Management Plan/Emergency Action Plan.

Health Card # _____

Freedom of Information and Protection of Privacy

☐ I give my consent for the name, photograph, and details of achievement of my child to be displayed/and or published for recognition in the school.

☐ I give my consent with the following restrictions: _____

Required Signatures

SLZL ZPNUH[\YLZ YLWYLZLU[HJRUV^SLKNTLU[VM PU[LU[PVUZ PUMVYTH[PVU HUK JOVPJLZ MVY JV\YZL selection.

_____

Parent / Guardian Signature Date

_____

Student Signature Date

WELCOME TO GRADE 9

Student Information
Grade 9 Course Selection 2024-25
Parent/Guardian Information

EXTERNAL

Westgate CVI

SPZ MVYT PZ MVY Z[\KLU[Z ^OV KV UV[J\YYLU[S` H[[LUK H 4HRL

Student Information

Legal Last Name _____	Preferred Last Name _____
Legal First Name _____	Preferred First Name _____
Middle Name(s) _____	Date of Birth _____ MM/DD/YYYY
Gender _____	Primary Contact # _____
Pronouns ☐ She/Her ☐ He/Him ☐ S L ` S L T	
Address _____	Postal Code _____
Current Elementary School _____	Gr. 8 Program: ☐ English ☐ French Immersion

Grade 9 Registration Cr 539.cklati

SL WLYZVUHS PUMVYTH[PVU `V\ OH]L WYV]PKLK VU [OPZ MVYT HUK HU` V[OLY JVYYLZWVUKLUJL YLSH[PUN [V `V\Y PU]VS]LTLU[ PU V\Y WYVNYHT PZ JVSSLJ[LK I` [OL 4HRLOLHK ,PZ[YPJ[;JOVVS *VHYK \UKLY [OL H\[OVYP[` VM [OL -K\JH[PVU )J[ : ; 7 !! J - ZZ HUK HZ HTLUKLK SL PUMVYTH[PVU ^PSS IL \ZLK [V YLNPZ[LY HUK WSHJL [OL Z[\KLU[ PU H ZJOVVS VY MVY H JVUZPZ[LU[ W\YWVZL Z\JO HZ [OL HSSVJH[PVU VM Z[HMM HUK YLZV\YJLZ HUK [V NP]L PUMVYTH[PVU [V LTWSV`LLZ [V JHYY` V\[ [OLPY QVI K[[PLZ 1U HKKP[PVU [OL PUMVYTH[PVU TH` IL \ZLK [V KLHS ^P[O TH[[LYZ VM OLHS[O HUK ZHML[` VY KPZJPWSPUL HUK PZ YLX\PYLK [V IL KPZJSVZLK PU JVTWLSSPUN JPYJ\TZ[HUJLZ VY MVY SH^ LUMVYJLTLU[ TH[[LYZ VY PU HJJVYKHUJL ^P[O HU` V[OLY)J[SL PUMVYTH[PVU ^PSS IL \ZLK PU HJJVYKHUJL ^P[O [OL -K\JH[PVU)J[[OL YLN\SH[PVUZ HUK N\PKLSPULZ PZZ\LK I` [OL 5PUPZ[LY VM -K\JH[PVU NV]LYUPUN [OL LZ[HISPZOTLU[THPU[LUHUJL \ZL YL[LU[PVU [YHUZMLY HUK KPZWVZHS VM W\WPS YLJVYKZ .VY X\LZ[PVUZ HIV\[[OPZ JVSSLJ[PVU JVU[HJ[[OL ZJOVVS 8YPUJPWHS =WKH[LK

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Return to the high schoobr submit by email to west_registration@lakeheadschools.ca before February 23, 2024

If you require more information, please contact Westgate Student Services at 577-4251