

THE GRADE 9 PROGRAM

The Grade 9 Program at Michael A. Riffel High School operates on the semester system. Students will register for a full year of classes, and these classes will be divided and timetabled into the two semesters. The information outlined provides a listing of subjects at the Grade 9 level.

Compulsory Subjects

- English Language Arts A 9 & B 9 **OR**
- English Language Arts A 9 & B 9 (Learning Resource) (R)

- Mathematics 9 & Mathematics/Career/Health 9 (non-semester) **OR**
- Mathematics 9 (Learning Resource – non-semestered) (R)

- Social Studies 9

- Science 9

Arts Education 9
Christian Ethics 9
Phys. Ed./Health 9

Elective Subjects – Students must choose one of:

- French 9
- PAA Survey 9 Design/Applied Technology (Industrial Arts - Foods)

(R) Restricted Entry

ALL STUDENTS

All students may enrol in Choral and/or Band and/or Vocal Jazz in addition to the subjects they are taking above.

- Vocal Jazz 9 (early bird – 7:40-8:25 a.m. twice/week)
- Choral 9 (Non-Semestered) (noon hour twice/week)
- Band 9 (Non-Semestered) (noon hour twice/week) Band experience ____ years
Instrument _____

LEARNING RESOURCE

Has your son or daughter had assistance through a Learning Resource Program in the past? Yes No

If yes, do they wish to continue? Yes No

EAL (English as an Additional Language)

Has your son or daughter had assistance through an English as an Additional Language Program in the past? Yes No

If yes, do they wish to continue? Yes No

TO BE COMPLETED BY PARENT/GUARDIAN

- I agree to the course selections made by this student.
- I grant permission to release all educational records from previous schools.

_____ Student's Name

_____ Parent/Guardian's Signature

_____ Date

Regina Roman Catholic Separate School Division No. 81
Michael A. Riffel High School Registration Form 2010-2011

Legal Last Name _____ (as it appears on birth certificate)

Legal First Name _____ Name Used _____ Middle Name _____

Apartment # _____ House # _____ Street / Box # _____

Regina, SK *or* _____ Postal Code _____

Subdivision _____ Home Phone # (____) _____ Unlisted

Gender: Male Female Birth Date _____ Grade Level _____
MM DD YYYY

Sask. Health Services Card #: _____ Medical Notes: _____

Previous School (include address): _____

Aboriginal Status (Voluntary): Metis Inuit Non-status Treaty/Registered Status Band Affiliation: _____

Citizenship 1: _____ Citizenship 2: _____ 1st Language: _____

2nd Language: _____ Country Birth: _____ Country Origin: _____

Property Tax Support: Home Owner (Separate Public Split) *or* Renter

Father's Religion: _____ Mother's Religion: _____

Student's Religion: _____ Parish: _____

Siblings: Name _____ At this school

Contact Information:

1. Lives with student Relationship: Father Mother Stepfather Stepmother Grandparent Guardian
Dr./Mr./Mrs./Miss/Ms. First Name _____ Last Name _____
Work Phone _____ Cell Phone _____ Home Phone (If different than student) _____
Address (If different than student) _____ Mail To
E-mail: _____

2. Lives with student Relationship: Father Mother Stepfather Stepmother Grandparent Guardian
Dr./Mr./Mrs./Miss/Ms. First Name _____ Last Name _____
Work Phone _____ Cell Phone _____ Home Phone (If different than student) _____
Address (If different than student) _____ Mail To
E-mail: _____

3. Emergency Contact _____ Home Phone _____ Cell Phone _____
Emergency Address _____ Business Phone _____

Outside Agency Involvement:

SK Community Resources & Employment - Worker's Name & Phone _____
 Catholic Family Services Child & Youth Services Other: _____