

BISHOP LLOYD MIDDLE SCHOOL
2019/2020 SCHOOL YEAR
GRADE 9 REGISTRATION

NAME: _____

FORM: _____

I. COMPULSORY (Full Year Courses):

- English
- Mathematics
- Physical Education
- Health

II. COMPULSORY (Semestered Courses): Each student will rotate through the following two programs during the course of the year.

- Social Studies
- Science
- Industrial Arts
- Home Economics

III. OPTIONS (Full Year Courses): Choose **one** of the following option courses.
PLEASE CHOOSE CAREFULLY AS CHANGES WILL NOT BE MADE TO SELECTIONS AFTER HANDING THE FORM IN

- Band _____ (instrument _____)
- Arts Education (includes dance, drama, music visual art) _____

IV. OPTION COURSES (Semestered Courses): Please number your top three course choices (you will only take 2 throughout the year). We will do our best to register you in your choices but you may not get both.

- _____ French _____ Programming and Robotics _____ Future Endeavors
_____ Computer Science _____ Advanced Art _____ Outdoor Education
_____ Media Studies

V. LPSD HOCKEY ACADEMY: _____

VI. Is there anything else we need to know about your child's placement for next year?

VI. PARENTAL SIGNATURE (Required): _____

May, 2019

Dear Parents/Guardians:

To facilitate planning and preparation for the coming school year, each student who anticipates attending **Grade 9 at Bishop Lloyd Middle School** in the 2019-2020 academic year must complete the registration form.

STUDENT INFORMATION

Name of Student: _____
Surname First & Middle Names

Apt. # _____ P.O. Box: _____

Street Address: _____

City/Town: _____ Province: _____

Postal Code: _____ Country of Birth: _____

Telephone No: (____) ____ - _____ Citizenship: _____

Birthdate: _____ Male/Female: _____

E-mail Address: _____

**** PLEASE BE SURE YOU HAVE INSERTED THE AREA CODE FOR ALL TELEPHONE and/or CELL NUMBERS ****

Lives with: Parents / Guardians / Mom Only / Dad Only / Other

Name: _____
Father/Step-father/Other Mother/Step-mother/Other

Work Phone #: (____) ____ - _____ (____) ____ - _____

Cell Phone #: (____) ____ - _____ (____) ____ - _____

Emergency Contact: _____ (____) ____ - _____
Name Phone #

Additional Information/Comments: _____

