



# Templeton Secondary School

## Grade 8 Student Application Form 2017/2018

Website: <http://templeton.vsb.bc.ca>

Your Elementary School is: \_\_\_\_\_ MyED# \_\_\_\_\_

### Section A – Student Information

Legal \_\_\_\_\_  
LAST FIRST MIDDLE

Usual \_\_\_\_\_  
LAST FIRST MIDDLE

Gender:  Male  Female

Birth Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
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Address: \_\_\_\_\_ Apt# \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Parent Email: \_\_\_\_\_

**STUDENT CELLULAR PHONE NUMBER (if applicable):** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Child's Country of Birth \_\_\_\_\_

First Nation Ancestry:  Yes  No

If yes, please circle one of the following: Inuit | Metis | Non-Status | Status – Off Reserve | Status – On Reserve

### Section B – Grade 8 Program Selection and Information

#### A. COHORT SELECTION– Please CHOOSE ONE:

\_\_\_\_\_ **STEM JUNIOR COHORT** - My child has a special interest / aptitude in STEM (Science Technology, Engineering and Math) and would like to be part of a **five block** cohort including Math, Science, English, Socials and Applied Skills

\_\_\_\_\_ **FINE ARTS COHORT** - My child has a special interest / aptitude in Fine and Performing Arts and would like to be a part of a three block cohort including English, Socials and Fine Arts

\_\_\_\_\_ **REGULAR HUMANITIES COHORT** - My child would like to be a part of the two block cohort for Humanities only.

#### B. Required Courses – All Grade 8 students must take the following courses

1. Humanities 8 (English and Social Studies curriculum with the same instructor)
2. Mathematics 8
3. Science 8
4. Physical Education 8

#### C. Elective Selection - All Grade 8 students must choose one Fine Arts elective course – Please indicate

- \_\_\_\_ Fine Arts 8 (rotation of Drama and/or Film/Video Production and/or Visual Arts)  
\_\_\_\_ Concert Band 8 (pre-requisite experience of at least one year on instrument)  
\_\_\_\_ Beginner Band 8 (no experience required)  
\_\_\_\_ \*Choir 8 (May be taken as a 9<sup>th</sup> course off timetable – during lunch hour)

#### D. Specialized Scheduling – Please check ONLY if applicable

##### \_\_\_\_\_ **ADVANCED FRENCH – Please CHOOSE ONE:**

- My child has been in French Immersion and would like to be scheduled in French 10 (space permitting)  
 My child has been in the Late French Immersion OR Intensive French Program and would like to be placed in French 9 (space permitting)

\_\_\_\_\_ **ELL SUPPORT** - My child has received English Language Support (ESL or ELL) at the Elementary School Level and would like to continue to require ELL courses

\_\_\_\_\_ **SPECIAL EDUCATION SUPPORT** - My child has received Special Education Support at the Elementary School Level (ie. is on an IEP, receives resource teacher pullout, adapted or modified programming) and would benefit from receiving ongoing support with a skills development block.

**Section C – Parent/Guardian and Emergency Contact Information**

Parent / Guardian Name: _____	Parent/ Guardian Name: _____
Relationship to student: _____	Relationship to student: _____
Emergency contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you live with the student: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please give address: _____	Do you live with the student: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please give address: _____
Copy of correspondence: <input type="checkbox"/> Yes <input type="checkbox"/> No	Copy of correspondence: <input type="checkbox"/> Yes <input type="checkbox"/> No
Speaks English: <input type="checkbox"/> Yes <input type="checkbox"/> No	Speaks English: <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone number: _____ - _____ - _____	Home Phone number: _____ - _____ - _____
Work Phone number: _____ - _____ - _____	Work Phone number: _____ - _____ - _____
Cellular Phone number: _____ - _____ - _____	Cellular Phone number: _____ - _____ - _____
Email Address: _____	Email Address: _____
Allow to pick up the student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Allow to pick up the student: <input type="checkbox"/> Yes <input type="checkbox"/> No

Emergency Contact Name: _____
Relationship to Student: _____ Language Spoken: _____
Home Phone number: _____ - _____ - _____ Cellular Phone number: _____ - _____ - _____
Allow to pick up the student: <input type="checkbox"/> Yes <input type="checkbox"/> No

**Section E – Medical Information**

Medical Condition and/or Allergies: \_\_\_\_\_

Life Threatening?  Yes  No

Care Card Number: \_\_\_\_\_

Doctor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

\_\_\_\_\_  
Date

Grade 7 Teacher notes (if applicable):

\_\_\_\_\_  
Grade 7 Teacher's Signature

\_\_\_\_\_  
Date

- BIRTH CERTIFICATE ATTACHED**
- PROOF OF ADDRESS ATTACHED (ie. BC Hydro, Telus Bill)**
- GRADE 7 REPORT CARD (or latest report card)**

\_\_\_\_\_  
Templeton Administration Signature

\_\_\_\_\_  
Date