

**KEEWAYTINOOK INTERNET HIGH SCHOOL
GRADE 9 STUDENT APPLICATION 2017-2018**



Name: _____ Birth date: ____/____/____ Male Female
Last name First name Middle name/s Day Month Year

Band Number: _____ Parents/Guardians: _____
(10 digit)

Address: _____ Phone number: _____
Box # Community Postal Code

Last School/s Attended: _____ Year: _____ Individualized Education Plan (IEP): Yes ____ No ____

Student &/or Parent (for students under 18 years of age) Confirmation

I give Keewaytinook internet High School (KiHS) permission to obtain my/my child's Ontario Student Record (OSR).
 I agree to have my/my child's photo online within the KiHS environment and for promotional material. (Please check if you prefer KiHS not use these photos in promotional materials for the school).

Student Signature: _____ Date: _____
 Parent's Signature: _____ Date: _____

Choose one (1) course from section A and one (1) course from section B

	<i>TERM 1</i>	<i>TERM 2</i>	<i>TERM 3</i>	<i>TERM 4</i>
A	<input type="checkbox"/> ENG1DA - Academic English <input type="checkbox"/> ENG1LA - Locally Developed Eng <input type="checkbox"/> ENG1PA - Applied English	<input type="checkbox"/> MAT1LB - Locally Developed Mathematics <input type="checkbox"/> MFM1PB - Foundations of Math <input type="checkbox"/> MPM1DB - Principles of Math	<input type="checkbox"/> SNC1DC - Academic Science <input type="checkbox"/> SNC1LC - Locally Developed Science <input type="checkbox"/> SNC1PC - Applied Science	<input type="checkbox"/> CGC1DD - Issues in Canadian Geography, Academic <input type="checkbox"/> CGC1PD - Issues in Canadian Geography, Applied
B	<input type="checkbox"/> PPL1OA - Healthy Active Living <input type="checkbox"/> NAC1OA - Expressing Aboriginal Cultures	<input type="checkbox"/> GLS1OB - Learning Strategies 1: Skills for Success in Secondary School <input type="checkbox"/> HIF1OB - Exploring Family Studies	<input type="checkbox"/> LNLAOC -Ojibwe/Ojicree, Level 1 <input type="checkbox"/> LNCAOC -Cree, Level 1 <input type="checkbox"/> BTT1OC - Information and Communications Tech in Business	<input type="checkbox"/> AMU1OD - Music <input type="checkbox"/> BTT1OD - Information and Communications Tech in Business

NOTE: This application must be accompanied by a photocopy of proof of the student's birth date. Acceptable proof can be any one of the following:
 - Birth certificate; Treaty card; Driver's license; Ontario Health Card

Email completed form to lyndakakepetum@edu.knet.ca, erinlitwin@edu.knet.ca, and melissablack@edu.knet.ca.