



A.B. Lucas Secondary School

656 Tennent Avenue, London, Ontario N5X 1L8
Telephone: 519-452-2600 Fax: 519-452-2619
<http://www.tvdsb.ca/lucas>

Grade 9 Registration for 2021-2022 Out of Area Address / Currently Attending NON-TVDSB School

The following registration package is to be completed by those who have an [out of area address](#) and are attending a NON-TVDSB School (LDCSB, private school, etc.).

Please complete the following and email to lucas@tvdsb.ca by Thursday, February 4th, 2021 at 3:00pm:

- **Student Registration Form** (Page 1-2)
- **Course Selection for Grade 9 Sheet** (Page 3)
- **Out of Area Exemption Form** (Page 4)

Also required:

- **Proof of Birth*** – Birth Certificate, Baptismal Certificate, Registration of Birth, or Passport
- **Proof of Living Address*** – Current Agreement of Purchase and Sale/Lease Agreement, Current Utility Bill, Current Property Tax Bill, or Current Home Phone/Cable/Internet Bill-- Note: Drivers License is not accepted
- **Proof of Eligibility to Attend*** (for Permanent Residents and Canadians born outside of Canada) – Canadian Passport, Canadian Citizenship Certificate, Record of Landing, Confirmation of Permanent Residence, or Permanent Residence Card
- **Copy of Grade 8 Report Card** – please attach November progress report and send the February report at a later date to be added to the file

**Scanned copies or photos of these documents - for verification purposes only; copies are not retained*

**REGISTRATION IS DUE TO A.B. LUCAS ON OR
BEFORE FEBRUARY 4, 2021**



Grade 9 Student Registration Form

School Student Enrolling At: A.B. Lucas Secondary School - 2021-2022

SCHOOL USE ONLY <input type="checkbox"/> Pupil of the Board <input type="checkbox"/> Other Pupil	Teacher _____
Trillium No. _____	Grade/Homeroom _____
OEN _____	Signature School Staff: I certify that the information contained on this form is accurate and that documentation has been verified
Admit Date _____	_____

STUDENT INFORMATION

Legal Last Name _____	Preferred Last Name _____
Legal First Name _____	Preferred First Name _____
Legal Middle Name _____	Date of Birth (YY/MM/DD) _____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Proof of Birth: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Baptismal Certificate
Home Phone # (____) ____-____ Unlisted <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Passport <input type="checkbox"/> Registration of Birth
Siblings Attending this School _____	First Language Learned in the Home _____
Indigenous Self-Identification <input type="checkbox"/> First Nation <input type="checkbox"/> Métis <input type="checkbox"/> Inuit	Languages Spoken at Home _____

STUDENT HEALTH AND MEDICAL ALERT INFORMATION

Specify _____

If student has any prevalent medical conditions please complete the appropriate forms through the parent portal or at the school: Individual Plan of Care; Authorization for Administration of Daily Prescription Medication; and/or Authorization for Administration of PRN Prescription Medication.

CITIZENSHIP

Country of Birth _____ Province _____

If student not born in Canada: Country of Last Residence _____ Country of Citizenship _____

Date student entered Canada for the first time to live (YY/MM/DD) _____ First Date of Entry into Canada Form Complete

STUDENT ADDRESS

Home Address _____	Proof of Address
Street # Street Name Apt#	<input type="checkbox"/> Current Agreement of Purchase and Sale/Lease Agreement
City/Town/Municipality Postal Code	<input type="checkbox"/> Current Utility Bill
	<input type="checkbox"/> Current Property Tax Bill
	<input type="checkbox"/> Current Home Phone/Cable/Internet Bill
	<input type="checkbox"/> Other: please specify * _____
	Note: *Driver's license is not acceptable for audit purposes.

PREVIOUS SCHOOL INFORMATION

Name of School _____	Language of Instruction <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other
Name of Board _____	Program Instruction <input type="checkbox"/> Regular <input type="checkbox"/> Specialized Program
Town/Province/Country _____	(Describe) _____
Last Date Attended _____	<input type="checkbox"/> ESL <input type="checkbox"/> IEP <input type="checkbox"/> IPRC
Grade Last Attended _____	OEN _____

PARENT/LEGAL GUARDIAN INFORMATION

Custody Information Both Parents Mother Only Father Only Shared Joint Guardian CAS

Legal Guardian Both Parents Mother Only Father Only Guardian Other CAS

Access to Records Both Parents Mother Only Father Only Shared Joint Guardian CAS

Living with Both Parents Mother Only Father Only Guardian Other CAS

Written Custody Agreement, or Court Order Provided Guardianship: Custody Agreement, or court order Provided

If there is no Custody Agreement, then all the following criteria must be met (check Yes or No) in order for the child to attend school without the payment of a tuition fee. If a response of "No" is indicated please refer student to International Admissions:

- Yes No The student is a Canadian citizen or a permanent resident of Canada.
- Yes No The guardian is a member of the student's immediate family and resides in Ontario in the school board jurisdiction in which the student wants to attend school. Immediate Family Relationship (please specify): _____
- Yes No The guardian is assuming full responsibility for the care and well-being of the student, and the student is residing with the guardian through the custody period.
- Yes No A written agreement is in place between the parents of the student and the guardian that sets out all of the above, as well as the respective responsibilities of the parents and the guardian.

Parent/Guardian: Relationship to Student _____ Cell Phone _____

First Name _____ E-mail _____

Last Name _____ Employment/Phone _____

Home Address _____ Contact Priority: Sickness/Medical First Second Third

Home Phone: _____ Emergency/Early School Closure First Second Third

Parent/Guardian: Relationship to Student _____ Cell Phone _____

First Name _____ E-mail _____

Last Name _____ Employment/Phone _____

Home Address _____ Contact Priority: Sickness/Medical First Second Third

Home Phone: _____ Emergency/Early School Closure First Second Third

Other (Please Specify): _____ Cell Phone: _____

First Name _____ E-mail _____

Last Name _____ Employment/Phone _____

Home Address _____ Contact Priority: Sickness/Medical First Second Third

Home Phone: _____ Emergency/Early School Closure First Second Third

It is the parent/guardian's responsibility to provide the school with written notification of relevant health and custody access information. For every student an Ontario Student Record (OSR) folder is maintained. This is a record of the student's school history and as such is a very significant document. Student's, parents/guardians of students under the age of 18, unless has been denied by a court order, have access to the OSR and are encouraged to confer with school officials regarding its contents. The above information has been provided with the approval of the individuals listed.

Parent/Guardian (Print Name) _____ Signature _____ Date (DD/MM/YY) _____

Notice of Collection: The personal information provided on this form and any other correspondence relating to involvement in Board programs is collected by the Thames Valley District School Board under the authority of the Education Act and Regulations (R.S.O. 1990 cE.2) as amended. The information will be used to register the student in a school, for the collection of applicable student/activity fees, as well as for any consistent purpose. Information is shared with employees such that they may carry out their job duties. In addition the information may be used or disclosed to comply with legislation, for compelling circumstances affecting health and safety or discipline, as required in circumstances related to law enforcement matters, or in accordance with an other Act. For questions about this collection, contact the Board's Freedom of Information Coordinator, Thames Valley District School Board, 1250 Dundas Street, London, ON N6A 5L1, Telephone 519-452-2000 ext. 20218.

A.B. Lucas Course Selection for Grade 9

Student Name: _____ Current School: _____

2021-2022 Course Calendar and Information Available Online – [click HERE](#)

COMPULSORY COURSES: Select \surd (six) courses below, one from each subject:

English	<input type="checkbox"/> ENG1D1 (Academic)	<input type="checkbox"/> ENG1P1 (Applied)	<input type="checkbox"/> ENG1L1 (Locally Developed)
Mathematics	<input type="checkbox"/> MAT1O1 (Open)		<input type="checkbox"/> MAT1L1 (Locally Developed)
Science	<input type="checkbox"/> SNC1D1 (Academic)	<input type="checkbox"/> SNC1P1 (Applied)	<input type="checkbox"/> SNC1L1 (Locally Developed)
French	<input type="checkbox"/> FSF1D1 (Academic)	<input type="checkbox"/> FSF1P1 (Applied)	
Geography	<input type="checkbox"/> CGC1D1 (Academic)	<input type="checkbox"/> CGC1P1 (Applied)	
Physical & Health Education		<input type="checkbox"/> PPL1OF (Female)	<input type="checkbox"/> PPL1OM (Male)

ELECTIVE COURSES:

Select (two) courses below and (two) alternate choices.

Rank them in order of choice 1, 2, 3, 4.

ADA1O1 Drama	Arts
AMI1O1 Instrumental Music	
AVI1O1 Visual Arts	
BTT1O1 Information and Communication Technology in Business	Business Studies
GLE1O1 Learning Strategies	Guidance
HIF1O1 Exploring Family Studies	Family Studies
TIJ1O1 Exploring Technologies	Technology

OPTIONAL COURSES:

Music Repertoire (Recommended for students enrolled in AMI1O1)

Students may earn an additional 0.5 credit per year by participating in the Band

AMR1O5 Grade 9 Instrumental Repertoire (Junior Band)

T-SHIRT - PLEASE \surd YOUR SIZE

Each student enrolled at Lucas will receive a T-shirt in the spring!

Adult Small
 Adult Medium
 Adult Large
 Adult X-Large



Out-of-Area Exemption Request Form

Thames Valley District School Board

New Request

Annual review for continuance

APPLICATION FOR STUDENTS TO ATTEND A SCHOOL OUTSIDE OF THEIR DESIGNATED ATTENDANCE AREA

Please Use Date Format: Month/Day/Year

Date of Application:

Student Name:	DOB:	Grade:
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Student Name:	DOB:	Grade:
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Student Name:	DOB:	Grade:
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Home Address:	Email Address:
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Parent/Guardian Name:	Daytime Telephone:
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REQUESTED OUT-OF-AREA SCHOOL

School Name: **A.B. LUCAS**

DESIGNATED HOME SCHOOL

School Name:

IF NEW REQUEST, please fill in the section below:

Present School (if different from designated home school):

Requested Transfer Date: **SEPTEMBER 2021**

Reason for Request (*clearly state reason for request, outlining benefits to the student*):

I UNDERSTAND THAT TRANSPORTATION TO THE OUT-OF-AREA SCHOOL WILL BE THE RESPONSIBILITY OF THE FAMILY.

Signature of Parent/Guardian:

PLEASE FORWARD COMPLETED FORM TO REQUESTED SCHOOL ADMINISTRATOR

FOR OFFICE USE ONLY

Date application was received by Requested (Out-of-Area) School Administrator:

Requested Out-of-Area School Administrator's Comments:

Requested Out-of-Area School Administrator's Signature:

Discussion with the Superintendent of Student Achievement of the requested out-of-area school was held on (date): Approved Not Approved

Communication with designated home school principal occurred on (date):

Communication with parent/guardian occurred on (date):

Copy to be provided to the Superintendent of Student Achievement of Requested Out-of-Area School

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