



ACCESSIBILITY:

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First Name: _____ Last Name: _____

OEN: _____ Date of Birth: _____
(Year/Month/Day)

Gender: Prefer not to disclose
 Prefer to specify/identify as: Female Male Trans Female Trans Male Another

Phone: _____ Email: _____

Part A: Completed by Student

Please check **ONE** box below:

Option 1:

I have an Ontario Student Transcript (OST) with fewer than 16 grade 9 and 10 credits. I would like to apply for an Individual Assessment to earn enough equivalent credits to bring my total to 16 grade 9 and 10 credits. I understand that I may be required to successfully complete an Individual Assessment in some or all of Grade 9 and 10 Canadian Geography / History, English, Mathematics and Science.

Option 2:

I have a transcript from another province or country. I wish to determine how many grade 9 and 10 equivalent credits I will be granted, based on successful completion of up to two years of secondary school that are comparable to the Ontario Grade 9 and 10 program. I understand that I must submit the transcript and that the maximum number of equivalent credits I may be granted is 16.

Option 3:

I do not have a transcript showing successful completion of up to two years of secondary school that are comparable to Ontario Grade 9 and 10. I would like to apply for an Individual Assessment in Grade 9 and 10 Canadian Geography / History, English, Mathematics and Science to earn up to 16 Grade 9 and 10 equivalent credits.

Option 4:

I have been counselled by St. Louis Guidance about the information in Part B below.

Signature of Student

Date



St. Louis Office Use Only:

Part B: Completed by Counsellor

Eligibility: _____

Student Status: Day class Correspondence Core Credits@work STW

Number of 9/10 credits to be granted: _____

Assessments needed (please check): Math Geography Science English History None

Counsellors, please check **any or all** of the following:

- Counsellor for post-secondary
- Counsellor for grade 11/12 PLAR
- Counsellor for career pathways options
- Counsellor for OSSD requirements
- Counsellor for St. Louis graduation
- Counsellor re: substitutions

Comments:

Signature of Counsellor _____
Date

Entered into IPP form: _____

PLE1NO Entered into Trillium: _____

Notice of Collection

Personal information on this form is collected further to section 265 (1)(d) and(g) of the Education Act, and further to section 28(2) of the Municipal Freedom of Information and Protection of Privacy Act [MFIPPA]. Information on this form will be used to administer and deliver learning programs. Questions regarding the use of the personal information on this form should be directed to the Principal; questions concerning privacy or the collection of the personal information on this form should be directed to the Board's Privacy Officer at 35 Weber St. W., -- Unit A, Kitchener, ON, Canada N2H 3Z1, 519-578-3660 or privacy@wcdsb.ca.

Completed by: Part A: Student 18+; Part B: Guidance Counsellor
Distribution: Student 18+ → St. Louis Guidance Counsellor
Retention: OSR (Until Graduation)