

## CARDINAL CARTER CATHOLIC HIGH SCHOOL



210 Bloomington Road West Aurora, Ontario L4G 3G8 Phone: (905) 727-2455 Fax: (905) 727-9568 Website: http://cch.ycdsb.ca

November 2018

Surname:\_\_\_

Student Information (Please print)

Statement of Intent: Grade 9 Academic Foundations Programme 2019-2020 (Preparation for IB Programme in Grades 11 and 12)

## **REGISTRATION FORM**

\_\_\_\_\_ First Name \_\_\_\_\_ Gender M\_\_F\_\_

**CAT TEST DATE: SATURDAY, NOVEMBER 17, 2018 (held in the school Gymnasium)** 

Date of Birt (mm/dd/yy	h:			
,			Town:	
Postal Code	e:			
Home Phor	ne:	Cell Phone::		
Current Ele	mentary School:			
York Catho	lic District School Board	☐ Other School Board ☐		
Please attach the following documents to this registration form and return DIRECTLY to Mrs. Marini, Guidance Secretary, Cardinal Carter Catholic School – Due: November 14, 2018.				
School Bo		orior to registering for the Pre-	permission from the York Catholic District IB CAT Test. Student who have not receive	
2. Co 3. Ch 4. Co	eque - \$40.00 (payable to	eport Card (November 2018) Cardinal Carter CHS – no post-	dated cheques) <b>NLY</b> to <u>non-York Catholic District School Board</u>	
Report Card an		I am intending on attending the	ade 7 Final Report Card and Grade 8 Progress Grade 9 Academic Foundations Programme	
Signature of Parent/Guardian			Signature of Student	
Date:				
IMPORTANT	г.			

## <u>IMPORTANT</u>:

Please be advised, if acceptance is granted into the programme for school year 2019-2020, out-of-boundary students will <u>NOT</u> have school bus transportation and this will be the responsibility of the parent/guardian. Attached is the Cardinal Carter CHS school boundary map.