



Global Communications Grade 9 Application



Please visit our website at <https://abbysenior.abbyschools.ca/ib/abbysenior> for specific information about the International Baccalaureate Programme. This application includes the following pages:

- AP 336-1 School Registration Form
- AP 336-3 In-District Non-Catchment Request
- Course Selection Sheet
- Participation Contract & References

In order for a child to be registered in an Abbotsford school, proof of address from the enrolling parent or legal guardian must be shown by presenting two legal documents – one from each section below:

- Mortgage Document, Property Sale Agreement, Property Tax Notice, Home Insurance or a Utility Bill.
- In addition, a Government Document ie. MSP bill, Child Tax Credit, Income Tax Assessment, Vehicle Insurance or your most recent T4
- Birth Certificate
- Most recent report card

As a requirement of registration all out of catchment Global Connections 9 applicants must

- Meet with the IB Coordinator, Mrs. Craig, to discuss your desires to join the programme
- Maintain good academic standing in all courses enrolled in grade 9
- Be an active member of the school community through Leadership, Sports, or Clubs
- Be engaged and attend all classes enrolled in
- Demonstrate qualities of an IB Learner as outlined on the IB Learner Profile

Note: The above requirements will be reviewed for out of catchment applicants on a quarterly basis to ensure applicants are in good standing

Please submit this completed application package along with supporting documents to the counseling department at Abbotsford Senior Secondary School or you can scan the application plus all supporting documents in **one PDF file** and e-mail them to Loreen.Craig@abbyschools.ca. Applications for September 2026 intake are due **March 13th, 2026**.

Yours truly,

Loreen Craig
IB Coordinator

For more information on the IB Programme e-mail: Loreen.Craig@abbyschools.ca

ABBOTSFORD SENIOR SECONDARY SCHOOL

COURSE SELECTION FORM 2026-2027

Grade 9

Last Name: _____

First Name: _____

Birthdate: _____

M _____ F _____ Preferred _____

Parent e-mail: _____

For Course Guide visit abbysenior.abbyschools.ca

Grade 9 Required Courses

1. English 9
2. Social Studies 9
3. Math 9
4. Science 9
5. Physical Health Education 9 options:

- PHE 9 Girls
- PHE 9 Boys
- PHE 9 Co-Ed

Soccer Academy PHE 9 and Soccer Academy Strength & Cond. 9 (**choose 2 more electives below)

** Soccer application form and a non-refundable deposit of \$200 (cheque payable to School District #34) must be submitted along with this Course Request form.

Global Connections options:

- Global Connections English 9
- Global Connections Social Studies 9
- Global Connections Math 9
- Global Connections Science 9
- Global Connections French 9

Careers 9 This course will be integrated into all curriculum.

Grade 9 Elective Courses (courses numbers 6, 7, & 8)

CHOOSE three elective courses from the following list. One choice should be an ADST course, and one should be a Fine Art course. ADST = Applied Design, Skills, and Technologies

- Foods 9 (ADST)
- Makerspace and Robotics 9 (ADST)
- Woodwork 9 (ADST)
- Metalwork 9 (ADST)
- Media Arts 9 (Info Tech) (ADST)
- Women in Trades 9 (ADST)

- French 9
- Punjabi 9
- Art 9 (FA)
- Drama 9 (FA)
- Soccer Academy Strength & Cond. 9

- Band 9 (FA)
- Choir 9 (FA)
- Dance 9 (FA)
- Leadership 9

* to be taken along with Soccer Academy PE9

You must make **two alternate selections**, courses that you have **not already** selected above.

Alternate #1 _____ Alternate #2 _____

Extended Day Courses -taken in addition to the above 8 courses. These run before or after school.

- Jazz Band 9
- Drumline 9
- PE Leadership 9

Parent Signature: _____

Date: _____

Student Signature: _____

Date: _____

PLEASE RETURN SIGNED FORM TO THE COUNSELLING OFFICE

Contract of Participation in the Global Connections Program at Abbotsford Senior Secondary School

Student Commitment

As a Global Connections student at Abbotsford Senior Secondary School, I have discussed the program with my parents and understand the responsibilities, conditions for continuing enrolment, and commitment required for participation in the program. I have a strong understanding of the benefits the Global Connections program will give me, I have completed the required tasks, and agree to the following conditions:

- I have read and understand the IB Learner Profile (see Abbotsford Senior IB website)
- I have read and understand the International Baccalaureate Organization's Academic Honesty Policy
- I have read and understand Abbotsford Senior's Academic Honesty Policy
- I understand the consequences of each of the policies above and am committed to following the academic honesty policy
- I understand that any course changes follow a strict process that begins with consultation with the Diploma Programme Coordinator, Mrs. Craig

(Student name-PRINT)

(Student signature)

Parent Commitment

As the parent of a student in the Global Connections program, I understand that parent support and involvement are critical to a student's success. As a result, I agree to be an active participant in my child's education by:

- Supporting my child's academic and extra-curricular efforts
- Initiating and responding to communication with teachers
- Encouraging good study habits, both individually and with other students in a group setting
- Ensuring exemplary attendance and promptness to class
- Informing the school in advance of absences and informing the school of absences due to illness
- Reading the Academic Honesty policies for both Abbotsford Senior Secondary and the International Baccalaureate Organization
- Reading the IB Learner Profile traits and helping my child in developing and maintaining them in their own life.

(Parent name-PRINT)

(Parent signature)

Please provide the names of two teachers who know you well.

Teacher Reference #1 (Math/Science) Name: _____

E-mail: _____

Teacher Reference #2 (English/Social Studies)

Name: _____

E-mail: _____

AP 336-1 School Registration Form

[Clear All Entries](#)
(use the Tab key to navigate the fields)

A child may only be registered in one school in the Abbotsford School District. In the case of a family registering with multiple children please use one form per child.

Catchment School _____

Requested Out-of-Catchment or District Program/Placed School _____

STUDENT INFORMATION

Gender Identity M=male, F=female, X=nonbinary _____

Legal Last Name _____ Legal First Name _____

Usual Last Name _____ Preferred First Name _____

Legal Middle Name _____ No Middle Name

Birth Date _____ (DD/Month/YYYY e.g. 24 May 2005)

Grade _____ Proof of Age Birth Certificate Passport Citizenship Paper

Home Phone _____

ADDRESS INFORMATION

Street Address _____

City _____ Prov. _____ Postal Code _____

Proof of Residence Provided Yes No (*see below)

Mailing Address (if different from above) _____

City _____ Prov. _____ Postal Code _____

* In order for a child to be registered in an Abbotsford school, proof of address must be shown by presenting one of the following legal documents: Mortgage Document, Rental or Lease Agreement, Property Sale Agreement, Property Tax Notice, Home Insurance, Utility Bill. In addition, one or more of the following documents containing the name and address of the parent/guardian is required: Government Document ie. MSP bill, Child Tax Credit, Income Tax Assessment, Vehicle Insurance, most recent T4.

The principal of a school may request a properly sworn Statutory Declaration from the enrolling parent or legal guardian attesting that the student's principal place of residence is the place indicated in this application. Applicants should note that making a false statutory declaration may constitute the criminal offense of perjury, contrary to Section 131 of the Canadian Criminal Code.

ADMISSION INFORMATION

Previous School _____

City & Province _____

Date left previous school _____ Expected start date _____

FOR KINDERGARTEN REGISTRATION ONLYAttended Preschool Yes No Attended Daycare Yes No Attended StrongStart Yes No

Previous School _____ City/Prov. _____

BUSSING (does not apply for District Programs)Is bussing needed Yes No If Yes, please request a school district transportation form.**INDIGENOUS ANCESTRY INFORMATION** Yes No If yes, Inuit Metis First Nation Non-Status First Nation Status on Reserve First Nation Status off Reserve

Band Name _____ Band Number _____

PROGRAM French Immersion ELL Special Education *Designation *My child has an IEP *Was in an Alternate Program (title) _____**IMMIGRATION/CITIZENSHIP STATUS**

Country of Birth _____ Language at Home _____

Canadian Citizen Child Parent • Permanent Resident/Landed Immigrant Child ParentRefugee Child Parent • International Student (funding not eligible) Child ParentStudent Visa Child Parent • Employment Authorization Child Parent**PARENTS/GUARDIANS**

1. Last Name _____ First Name _____

Relationship to Student _____

Living with Student Yes No Same Address as Student Yes No

Address _____

Home Phone _____ Cell _____

Work Phone _____ Ext. _____ Email _____

Employed at _____

2. Last Name _____ First Name _____

Relationship to Student _____

Living with Student Yes No Same Address as Student Yes No

Address _____

Home Phone _____ Cell _____

Work Phone _____ Ext. _____ Email _____

Employed at _____

Are there any legal documents in force re: custody/guardianship/access? Yes NoHave you provided a copy of these legal documents to the school? Yes No

Comments/details re submitted court order _____

*Please note that court orders cannot be followed or acted upon by the school unless a copy has been formally submitted to the school.

SIBLING INFORMATION (brothers/sisters including preschoolers in the same or a different school within the Abbotsford School District)

	Sibling 1	Sibling 2	Sibling 3
Last Name			
First Name			
Relationship			
School			
DOB			
Sex (Male/Female)			

CONTACT INFORMATION (other than parent/guardian)

1. Last Name _____ First Name _____
 Relationship _____ Cell _____
 Home _____ Work _____ Ext. _____
 2. Last Name _____ First Name _____
 Relationship _____ Cell _____
 Home _____ Work _____ Ext. _____

OUT OF PROVINCE CONTACT INFORMATION (In case of Provincial disaster)

Last Name _____ First Name _____
 Relationship _____ Cell _____
 Home _____ Work _____ Ext. _____

MEDICAL INFORMATION

Doctor Name _____ Phone _____
 Care Card Number _____
 Allergies and Conditions _____
 Are any of these conditions life threatening? Yes No If so, which? _____
 Life Threatening Conditions/Medication or Treatment Required:

Condition _____ Treatment _____

(AP 327 – Medical Alert Conditions, AP 328 – Administration of Medication to Students, and AP 330 – Allergic Shock (Anaphylaxis). Copies are available at the school office or on the District website.)

Name (printed) _____ Signature (parent/guardian) _____

STUDENT INFORMATION RELEASE

In accordance with the Freedom of Information and Protections of Privacy Act, Abbotsford School District requires consent to use personal information for purposes unrelated to educational programs. Please sign for each item below if you authorize disclosure as described.

1. GRADE 8-12 STUDENTS ONLY

All students participating in secondary athletics in Abbotsford need to be registered with BC School Sports. I authorize disclosure of my child's name, birthdate, current grade, year my child entered grade 8 and previous school to BC School Sports for registration purposes.

Signature _____

2. COMPUTER AND INTERNET USAGE AND ACCESS

Access to and participation in the global network (Internet) carries with it a responsibility for adherence to established guidelines for acceptable use, as per AP 334 – Online Communications and Digital Learning.

Parents are responsible for ensuring that they fully understand the terms and conditions of the procedures for the safe use of the Internet. The procedure and parental consent form are available at the school office or on the District website. I will review this policy prior to signing my child's user agreement.

Signature _____

3. CANADA ANTI-SPAM LEGISLATION (CASL) COMPLIANCE FORM

To ensure that you consent to receive electronic newsletters, school and community updates on matters from your children's school(s) and the school district, please complete the accompanying Canada Anti-Spam Legislation (CASL) Compliance Form. (AP 336-2 Request for Email Address Consent)

4. PHOTOGRAPH/VIDEO AND MEDIA CONSENT FORM

To give your consent to the Abbotsford School District to collect, use and publicly disclose your child's name, voice and/or image for purposes consistent with AP 324, please complete form AP 324-1 Photograph/Video and Media Consent Form.

Parents/Guardians: You can also register for School Cash Online, and have the convenient and secure option of paying for school items using a credit card online, 24/7. You can pay for school items such as trips, club/athletic fees and spirit wear. For online payments please register at <https://abbotsford.schoolcashonline.com> (it takes less than five minutes)

Office Use Only

Date Rec'd _____ Time Rec'd _____

Received By _____ Computer User Agreement Rec'd Yes No

School Entry Date _____ PEN _____ MyBCEd# _____

This personal information is being collected under the authority of the Freedom of Information and Protection of Privacy Act and the School Act for the purposes of administering educational services. Questions about the collection of personal information may be directed to the Freedom of Information Coordinator, District Administration Office, 604-859-4891.

AP 336-3 In-District Non-Catchment Request

Placement Priority No. _____

Registration Priorities:

1. Catchment area students who attended the school during the previous school year;
2. Siblings of catchment area students who attended the school during the previous year, and continue to attend the same school;
3. New catchment area students;
4. Re-applying non-catchment area students who live in district, who attended the school during the previous school year, and continue to attend the same school;
5. Siblings of non-catchment students who attended the school the previous year as per 4 above;
6. New non-catchment area students (in-district);
7. Non-school district students.

Date and Time Received _____

**(to be completed by
Receiving School)**
Section A – to be completed by Parent or Guardian (attach copy of student's most recent report card)

Present School _____ In-Catchment School _____

Non-Catchment Requested School _____

Student Name _____

Expects to be enrolling in Grade _____ for the School Year _____ Siblings already in requested school: Yes No

Parent/Guardian Name _____ Phone _____

Child's Home Address _____ Postal Code _____

Reason for Request _____

Parent/Guardian Email Address _____

I have read and understand the procedures and conditions available on the district website.

Parent/Guardian Signature _____ Date _____

PARENT/GUARDIAN – If you live in the Abbotsford School District, please take this form to the principal of your Catchment Area school for signature, then take the form to the requested school.

Section B – Catchment Area Principal Acknowledgement (for applicants living in the Abbotsford School District)

Principal's Signature _____ Date _____

Section C – Receiving Area School

Student Qualified Yes No Space and Program Available Yes No
 If yes, Accepted Not Accepted Defer

If not accepted, reason: _____

Principal's Signature _____ Date _____