

Math 9 Accelerated Application

Test Date: Thursday, April 4th @ 2:15 PM

Student Page (Student & Parent please fill out then give to <u>core teacher</u>)

Legal Name:	Preferred Na	ame:		
Date of Birth:				
Student #:	Present Scl	hool:	·	
Address:		City:		
Name of Parent/Legal Guardian:				
Do you live in the Heritage Woods catchment area?	☐ Yes		No	
Parent Signature			Student Signature	
tudents, and there are other opportunities to accelerate hould expect to spend a good amount of time completin ✓ Acceptance into the Mathematics 9 Accelerated Math 10 Foundations & Pre-calculus credit will	ng daily assignmer d Course is based	nts in orde I on entra	er to be successful. Ince exam & teacher recommendation.	
Parent Signature			Student Signature	
What are your reasons for wanting to take an acc	celerated math c	course? (Hand written, 50 words max):	

Teacher Questionnaire (Middle School please fill out)



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On a scale of 1 (low) to 4 (high), please assess the applicant's characteristics and return form to counsellor:

1	2	3	4

<u>Teachers</u> – Please return both the student and teacher's forms to the student so they can bring them to the exam. They can be put in an envelope for HWSS teachers.

TEST DATE: THURSDAY APRIL 4th, 2024.

Please arrive at 2:10 pm and meet in the library.