



# Waterdown District High School

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[www.hwdsb.on.ca/waterdown](http://www.hwdsb.on.ca/waterdown)

Date Returned: \_\_\_\_\_

## Year 5 Application

Name: \_\_\_\_\_

Reason(s) for returning to Waterdown DHS (check all that apply):

- upgrade course marks
- require course(s) for post-secondary Program: \_\_\_\_\_
- to explore an apprenticeship
- other \_\_\_\_\_

Please check off your preference and list your course selections using course codes (e.g. ENG4U1).

**Note:** You must take at least 3 courses in a semester. Please star courses you are upgrading.

<input type="checkbox"/> Semester 1 Only	<input type="checkbox"/> Both Semester 1 & 2		<input type="checkbox"/> Semester 2 Only
1.	1.	5.	1.
2.	2.	6.	2.
3.	3.	7.	3.
4.	4.	8.	4.

## 5<sup>th</sup> Year Student Agreement

As a 5<sup>th</sup> year student, at Waterdown District High School, I agree to follow the conditions below:

1. I will remain enrolled as a full-time student (**3 or 4 courses**) each semester.
2. I will follow all attendance procedures within the school.
3. I understand that I may be removed from extra-curricular activities and/or enrollment at WDHS, if I fail to maintain acceptable attendance.  
Please list any extra-curriculars you are planning to participate in:  
\_\_\_\_\_
4. I recognize that my behavior sets an example for younger students. I will model behavior that is appropriate for a respectful learning environment by adhering to the school's Code of Conduct.
- \* 5. I understand that by completing this form it does not guarantee my enrollment at WDHS nor a place in the courses listed above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The school has my permission to contact my Parent/Guardian during the 2024 – 2025 school year \_\_\_\_\_

(Student Signature)

For Office Use Only: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	
VP Signature _____	Date _____