



Surname Marshall	Given Names Thomas James	OEN/MIN 469685879	Student Number 341589745	Date of Birth Year Month Day 2007 05 19
Name of District School Board / School Authority Dufferin-Peel Catholic District School Board	Number B67083	Name of School Loyola Catholic Secondary School	Number 798118	Date of Entry Year Month Day 2021 09 07

Date		Course Grade/Level	Course Title	Course Code	Percentage Grade	Credit	Compulsory	Note
Year	Month							
2021	11	9	English	ENG1D	78	1.00	X	
2021	11	9	Healthy Active Living Education	PPL1O	96	1.00	X	
2022	02	9	Discipleship and Culture	HRE1O	80	1.00		
2022	02	9	Mathematics	MTH1W	84	1.00	X	
2022	06	9	Information and Communication Technology in Business	BTT1O	95	1.00	X	
2022	06	9	Issues in Canadian Geography	CGC1D	90	1.00	X	
2022	06	9	Core French	FSF1D	90	1.00	X	F
2022	06	9	Science	SNC1D	85	1.00	X	
2022	11	10	Career Studies	GLC2O	86	0.50	X	
2023	02	10	Canadian History since World War I	CHC2D	90	1.00	X	
2023	02	10	Civics and Citizenship	CHV2O	93	0.50	X	
2023	02	10	English	ENG2D	80	1.00	X	
2023	02	10	Principles of Mathematics	MPM2D	85	1.00	X	
2023	06	10	Visual Arts - Photography	AWQ2O	70	1.00	X	
2023	06	10	Religious Education	HRE2O	91	1.00		
2023	06	10	Introduction to Computer Studies	ICS2O	87	1.00	X	
2023	06	10	Science	SNC2D	80	1.00	X	
2024	02	11	English	ENG3U	78	1.00	X	
2024	02	11	Introduction to Computer Science	ICS3U	82	1.00		
2024	02	11	Chemistry	SCH3U	73	1.00		
2024	02	11	Computer Engineering Technology	TEJ3M	80	1.00		
2024	06	11	Law-Understanding Canadian Law	CLU3M	85	1.00		
2024	06	11	World Religions: Beliefs, Issues, and Religious Traditions	HRT3M	87	1.00	X	
2024	06	11	Functions	MCR3U	75	1.00	X	
2024	06	11	Physics	SPH3U	76	1.00		
		***	*** LAST OFFICIAL ENTRY ***	*****				

SUMMARY OF CREDITS						24.00	17.00
---------------------------	--	--	--	--	--	--------------	--------------

Community Involvement <input type="checkbox"/> Completed <input type="checkbox"/> N/A	Provincial Secondary School Literacy Requirement <input checked="" type="checkbox"/> Successfully Completed <input type="checkbox"/> N/A	Secondary School Online Learning Requirement <input type="checkbox"/> Successfully Completed <input type="checkbox"/> N/A	Specialized Program
--	---	--	---------------------

Diploma or Certificate	Date of Issue Year Month	Authorization Gina Renda
------------------------	-----------------------------	------------------------------------