



COURSE SELECTION

Last Name:	First Name:
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COMPULSORY COURSES

For each subject, please select the course type.

Subject	De-Streamed	Locally Developed
English	<input type="checkbox"/> ENL1W	<input type="checkbox"/> ENG1L
Math	<input type="checkbox"/> MTH1W	<input type="checkbox"/> MAT1L
Science	<input type="checkbox"/> SNC1W	<input type="checkbox"/> SNC1L
Geography	<input type="checkbox"/> CGC1W	
Healthy and Active Living Education (Phys Ed)	<input type="checkbox"/> PAL1O (Hockey) <input type="checkbox"/> PPL1OG (Female) <input type="checkbox"/> PPL1OB (Male)	
Languages	<input type="checkbox"/> FSF1D (French De-streamed)	

ELECTIVE COURSES

Choose TWO elective courses from the following options:	
The Arts <input type="checkbox"/> ADA1O – Dramatic Arts <input type="checkbox"/> AMI1O – Instrumental Music <input type="checkbox"/> AVI1O – Visual Arts	Business Studies <input type="checkbox"/> BEM1O – Building the Entrepreneurial Mindset Technology Education <input type="checkbox"/> TAS1O – Technology and the Skilled Trades <input type="checkbox"/> TFI1O – Exploring Hospitality and Tourism

*By recommendation from gr. 8 teacher and/or LRT

Alternate Elective Course Please select TWO alternate courses (from above) in the event that your first choice cannot be timetabled	
1. _____ (Write title or course code)	2. _____ (Write title or course code)

PARENT/GUARDIAN SIGNATURE

STUDENT SIGNATURE

