



ST. JOSEPH'S COLLEGE SCHOOL

2016 – 2017 GRADE 9 COURSE SELECTION FORM



STUDENT NAME			DATE OF BIRTH	
	<i>Last Name (Please Print)</i>	<i>First Name(Please Print)</i>	<i>Year/Month/Day</i>	
HOME PHONE #		ELEMENTARY SCHOOL		
<i>(Area code) Phone Number</i>				

Please make all choices carefully in consultation with your parents, teachers and counsellor.

COMPULSORY COURSES

Please check the following subjects at the appropriate level

All non-extended French students are required to take religious studies : HRE101 <input checked="" type="checkbox"/>					EXTENDED FRENCH	
SUBJECT	ACADEMIC		APPLIED		LOCALLY DEVELOPED	
	✓		✓		✓	
English	ENG1DP		ENG1P1		ENG1L1	
Math	MPM1D1		MFM1P1		MAT1L1	
Science	SNC1D1		SNC1P1		SNC1L1	
Geography	CGC1D1		CGC1P1			
French	FSF1D1		FSF1P1			
<i>Not for extended French students</i>						
Check only ONE of the following:					✓	
Health and Physical Education OR Rhythm & Movement			PPL101			
			OR			
			PAR101			
<p>I am enrolling in the Extended French Program. Please check below.</p> <p style="text-align: center;"><input type="checkbox"/></p>						
<p>ENGLISH AS A SECOND LANGUAGE</p> <p>I am currently enrolled in ESL. Please check below</p> <p style="text-align: center;"><input type="checkbox"/></p>						
<p>SPECIAL EDUCATION</p> <p>I have an IEP. Please check below</p> <p style="text-align: center;"><input type="checkbox"/></p>						

ELECTIVE COURSES

Please number the following elective courses in the order of your preference. (#1 for 1st choice, #2 for 2nd choice, etc..) You will be granted only **ONE** elective.

#

Drama	ADA101		<p>Please Turn Over</p>
Information Communication Technology in Business	BTT201		
Instrumental Music – Band	AMI101		
Music -Vocal/Choral	AMV101		
Visual Arts	NAC101		



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TO BE COMPLETED BY GRADE 8 TEACHER

LEVEL RECOMMENDATION Please check for each subject				SPECIALIZED PROGRAMS Please check if enrolled in:	
Level	ENG	MATH	SCI	Special Education	✓
Academic				ESL	
Applied					
Locally Developed					


TEACHER COMMENTS

Grade 8 Teacher SIGNATURE: _____ 

PARENT / GUARDIAN AND STUDENT

Thank you for registering your child at St. Joseph's College School at the Toronto Catholic District School Board. The TCDSB is committed to integrating our Faith into the total learning experience of students. We look forward to your participation and partnership in support of the *Ontario School Graduate Expectations* in the formation of your child's Catholic School Education. To learn more about the Expectations go to: <http://www.tcdsb.org/FORSTUDENTS/GraduateExpectations/Pages/default.aspx>

We have considered these choices carefully.

Student Signature: _____ 

Parent/Guardian Signature: _____ *Date:* _____