



BROOKSWOOD SECONDARY SCHOOL

Course Selection Form – Grade 9 (English Program)

Last Name: _____

First Name: _____

Student Email: _____

Student Number: _____

CHOOSE A TOTAL OF 8 COURSES FROM REQUIRED AND ELECTIVE COURSES:

REQUIRED COURSES	
<input type="checkbox"/> Socials 9 (MSS--09) <input type="checkbox"/> English 9 (MEN--09) OR <input type="checkbox"/> CAT PACK (MEN---09E) <input type="checkbox"/> Science 9 (MSC--09) OR <input type="checkbox"/> CAT PACK (MSC--09E) <input type="checkbox"/> Mathematics 9 (MSS-09) OR <input type="checkbox"/> CAT PACK (MMA--09E) OR Foundations of Math & Pre-Calculus 10 (MFMP-10)	PHYSICAL AND HEALTH EDUCATION <input type="checkbox"/> GIRLS (MPHE-09-G) OR <input type="checkbox"/> BOYS (MPHE-09-B) OR <input type="checkbox"/> Lifestyles Fitness 9/10 (Co-Ed) (MPHE-09-L) <input type="checkbox"/> OPTIONAL REQUEST for High Performance PE (MPHE-09HB) (MPHE-09HG)
GRADE 9 ELECTIVE COURSES (CHOOSE 3 ELECTIVES TOTAL)	
One MUST BE Applied Skills, One MUST BE Fine Arts and Third Choice from any section	
FINE ARTS COURSES <input type="checkbox"/> Arts Education 9 (MAE--09) <input type="checkbox"/> Drama 9 (MDR--09) <input type="checkbox"/> Instrumental Music: Guitar 10 (MMUGT10) <input type="checkbox"/> Band 9 (XBA--09) <input type="checkbox"/> Video Production 10 (MVAM-10VP)	APPLIED SKILLS COURSES <input type="checkbox"/> ADST - Food Studies 9 (MADFS09) <input type="checkbox"/> ADST - Power Technology 9 (MADPT09) <input type="checkbox"/> ADST - Textiles 9 (MADT--09) <input type="checkbox"/> ADST - Woodwork 9 (MADW-09) <input type="checkbox"/> Video Production 10 (MVAM-10VP) <input type="checkbox"/> Computer Studies 10 (MCSTU10)
OTHER COURSES	
<input type="checkbox"/> French 8 (MFR--08) <input type="checkbox"/> French 9 (MFR--09) <input type="checkbox"/> Introduction to German 9 (MGE--10)	<input type="checkbox"/> Spanish 9 (MSP--09) <input type="checkbox"/> Foundations of Basketball Development (XAT--09---BSK)

You must indicate at least two elective alternates:

1. If I cannot take _____, I will take _____

2. If I cannot take _____, I will take _____

I have had a Study Skills block in the past and I would like to receive one again.

I have had a Learning Assistance block in the past and I would like to receive one again.

ELECTIVE COURSES OUTSIDE OF TIMETABLE (BEFORE AND AFTER SCHOOL)	
<input type="checkbox"/> Contemporary Music 9 (MMU--09---CON) <input type="checkbox"/> Musical Theatre 9 (XTP--09)	<input type="checkbox"/> Leadership Development 9 (XLEAD09) <input type="checkbox"/> Jazz Band 9 (XBA--09J) * Co-Requisite Concert Band *

Parent Signature

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