



Grade 11/12 Course Requests 2019-2020 School Year

Name: _____

Current Grade: _____

Date: _____ 2019

Teacher: _____

* Select 8 courses for a full timetable. Year-long courses count as 2 selections.

English		
Select English course(s): Prerequisite Course: _____		Prerequisite Mark: _____
<input type="checkbox"/> English 10-1 AP	<input type="checkbox"/> English 20-1 AP	<input type="checkbox"/> English 30-1 AP
<input type="checkbox"/> English 10-1	<input type="checkbox"/> English 20-1	<input type="checkbox"/> English 30-1
<input type="checkbox"/> English 10-2	<input type="checkbox"/> English 20-2	<input type="checkbox"/> English 30-2
<input type="checkbox"/> English 10-4	<input type="checkbox"/> English 20-4	<input type="checkbox"/> English 30-4

Social		
Select Social course(s): Prerequisite Course: _____		Prerequisite Mark: _____
<input type="checkbox"/> Social 10-1	<input type="checkbox"/> Social 20-1	<input type="checkbox"/> Social 30-1
<input type="checkbox"/> Social 10-2	<input type="checkbox"/> Social 20-2	<input type="checkbox"/> Social 30-2
<input type="checkbox"/> Social 10-4	<input type="checkbox"/> Social 20-4	

Science		
Select Science course(s): Prerequisite Course: _____		Prerequisite Mark: _____
<input type="checkbox"/> Science 10 AP	<input type="checkbox"/> Biology 20 AP	<input type="checkbox"/> Biology 30 AP
<input type="checkbox"/> Science 10	<input type="checkbox"/> Biology 20	<input type="checkbox"/> Biology 30
<input type="checkbox"/> Science 14	<input type="checkbox"/> Biology 20/30 (Year-long)	<input type="checkbox"/> Chemistry 30 AP
<input type="checkbox"/> Science 10-4	<input type="checkbox"/> Chemistry 20 AP	<input type="checkbox"/> Chemistry 30
	<input type="checkbox"/> Chemistry 20	<input type="checkbox"/> Physics 30 AP
	<input type="checkbox"/> Physics 20 AP	<input type="checkbox"/> Physics 30
	<input type="checkbox"/> Physics 20	<input type="checkbox"/> Science 30
	<input type="checkbox"/> Science 20	
	<input type="checkbox"/> Science 24	
	<input type="checkbox"/> Science 20-4	

Math		
Select Math course(s): Prerequisite Course: _____		Prerequisite Mark: _____
* Include the name of the Math course needed if choosing Open Math		
<input type="checkbox"/> Math 10C AP	<input type="checkbox"/> Math 20-1 AP	<input type="checkbox"/> Math 30-1 AP/Math 31 AP (Year-long)
<input type="checkbox"/> Math 10C	<input type="checkbox"/> Math 20-1	<input type="checkbox"/> Math 30-1
<input type="checkbox"/> Math 10-3	<input type="checkbox"/> Math 20-2	<input type="checkbox"/> Math 31
<input type="checkbox"/> Math 10-4	<input type="checkbox"/> Math 20-3	<input type="checkbox"/> Math 30-2
	<input type="checkbox"/> Math 20-4	<input type="checkbox"/> Math 30-3
	<input type="checkbox"/> Open Math* _____	<input type="checkbox"/> Open Math* _____

Physical Education, CALM and Activity Courses		
<input type="checkbox"/> Personal Fitness 10	<input type="checkbox"/> Personal Fitness 20	<input type="checkbox"/> Personal Fitness 30
<input type="checkbox"/> Physical Education 10 (Female)	<input type="checkbox"/> Physical Education 20 (Female)	<input type="checkbox"/> Physical Education 30 (Co-ed)
<input type="checkbox"/> Physical Education 10 (Male)	<input type="checkbox"/> Physical Education 20 (Male)	
<input type="checkbox"/> Phys. Ed 10/CALM (Co-ed, combined)	<input type="checkbox"/> Sports Medicine 25	
<input type="checkbox"/> Phys. Ed 10/Personal Fitness (Co-ed)		
<input type="checkbox"/> CrossFit 10		
<input type="checkbox"/> CALM (Independent study)		

AP Capstone Program
<input type="checkbox"/> AP Seminar

Languages and General Option Courses		
<input type="checkbox"/> French 10-9Y	<input type="checkbox"/> French 20-9Y	<input type="checkbox"/> French 30-9Y
<input type="checkbox"/> Spanish 10-3Y	<input type="checkbox"/> Spanish 20-3Y	<input type="checkbox"/> Spanish 30-3Y
<input type="checkbox"/> Aboriginal Studies 10	<input type="checkbox"/> Aboriginal Studies 20	<input type="checkbox"/> Aboriginal Studies 30
<input type="checkbox"/> General Psychology 20		

CTS Courses

<input type="checkbox"/> Basic Business 10	<input type="checkbox"/> Basic Business 20	<input type="checkbox"/> Basic Business 30
<input type="checkbox"/> Computer Works 10	<input type="checkbox"/> Computer Works 20	<input type="checkbox"/> Computer Works 30
<input type="checkbox"/> Computing Science 10	<input type="checkbox"/> Computing Science 20	<input type="checkbox"/> Computing Science 30
<input type="checkbox"/> Construction (Woodworking) 10	<input type="checkbox"/> Construction (Woodworking) 20	<input type="checkbox"/> Construction (Woodworking) 30
<input type="checkbox"/> Cosmetology 10	<input type="checkbox"/> Cosmetology 20 (5 credit)	<input type="checkbox"/> Cosmetology 30 (5 credit)
	<input type="checkbox"/> Cosmetology 20 (10 credit)	<input type="checkbox"/> Cosmetology 30 (10 credit)
<input type="checkbox"/> Culinary Arts 10	<input type="checkbox"/> Culinary Arts 20 (5 credit)	<input type="checkbox"/> Culinary Arts 30 (5 credit)
	<input type="checkbox"/> Culinary Arts 20 (10 credit)	<input type="checkbox"/> Culinary Arts 30 (10 credit)
<input type="checkbox"/> Digital Media and Design 10	<input type="checkbox"/> Digital Media and Design 20	<input type="checkbox"/> Digital Media and Design 30
<input type="checkbox"/> Fabrication (Welding) 10	<input type="checkbox"/> Fabrication (Welding) 20	<input type="checkbox"/> Fabrication (Welding) 30
<input type="checkbox"/> Facey Productions 10	<input type="checkbox"/> Facey Productions 20	<input type="checkbox"/> Facey Productions 30
<input type="checkbox"/> Foods 10	<input type="checkbox"/> Foods 20	<input type="checkbox"/> Foods 30
<input type="checkbox"/> Horticulture 10	<input type="checkbox"/> Horticulture 20 (5 credit)	<input type="checkbox"/> Horticulture 30 (5 credit)
	<input type="checkbox"/> Horticulture 20 (10 credit)	<input type="checkbox"/> Horticulture 30 (10 credit)
<input type="checkbox"/> Mechanics 10	<input type="checkbox"/> Mechanics 20 (5 credit)	<input type="checkbox"/> Mechanics 30 (5 credit)
	<input type="checkbox"/> Mechanics 20 (10 credit)	<input type="checkbox"/> Mechanics 30 (10 credit)
<input type="checkbox"/> Photography 10	<input type="checkbox"/> Photography 20	<input type="checkbox"/> Photography 30
<input type="checkbox"/> Robotics 10	<input type="checkbox"/> Robotics 20	<input type="checkbox"/> Robotics 30

Fine Arts Courses

<input type="checkbox"/> Advanced Acting 15	<input type="checkbox"/> Advanced Acting 25	<input type="checkbox"/> Advanced Acting 35
<input type="checkbox"/> Art 10	<input type="checkbox"/> Art 20	<input type="checkbox"/> Art 30
<input type="checkbox"/> Audio 15	<input type="checkbox"/> Audio 25	<input type="checkbox"/> Audio 35
<input type="checkbox"/> Drama 10	<input type="checkbox"/> Drama 20	<input type="checkbox"/> Drama 30
<input type="checkbox"/> General Music 10	<input type="checkbox"/> General Music 20	<input type="checkbox"/> General Music 30
<input type="checkbox"/> Musical Theatre 15	<input type="checkbox"/> Musical Theatre 25	<input type="checkbox"/> Musical Theatre 35
<input type="checkbox"/> Rock and Pop 15	<input type="checkbox"/> Rock and Pop 25	<input type="checkbox"/> Rock and Pop 35

Independent Study Courses

Please limit your selection of independent study courses to one course per year.

<input type="checkbox"/> Avid Readers 25/35	<input type="checkbox"/> Forestry	<input type="checkbox"/> Marketing 20/30
<input type="checkbox"/> Creative Writing	<input type="checkbox"/> Learning Strategies 15/25/35	<input type="checkbox"/> Psychology
<input type="checkbox"/> Forensic Science 25	<input type="checkbox"/> Legal Studies 10/30	<input type="checkbox"/> Tourism 20/30

Full Year Courses (These courses take place off the timetable)

<input type="checkbox"/> Athletic Leadership	<input type="checkbox"/> Facey Leadership Initiative	
<input type="checkbox"/> Instrumental Jazz 15	<input type="checkbox"/> Instrumental Jazz 25	<input type="checkbox"/> Instrumental Jazz 35
<input type="checkbox"/> Instrumental Music 10	<input type="checkbox"/> Instrumental Music 20	<input type="checkbox"/> Instrumental Music 30
<input type="checkbox"/> Technical Theatre 15	<input type="checkbox"/> Technical Theatre 25	<input type="checkbox"/> Technical Theatre 35

Off Campus Education

<input type="checkbox"/> Green Certificate	<input type="checkbox"/> Work Experience	<input type="checkbox"/> Registered Apprenticeship
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Alternative Course

Write the name of 1 more course that you are willing to take if your other choices are not available.

Summer School Courses (List any courses you will be taking this summer)

Is there any other information we should know to help you plan your schedule?

Parents/Guardians:

You are encouraged to discuss education plans with your child and to call your child's counsellor or grade

Student Signature: _____ Parent Signature: _____

Date: _____ Date: _____

(Your signature indicates agreement with your child's choices.)