



Name: \_\_\_\_\_

Current Grade: \_\_\_\_\_

Date: \_\_\_\_\_ 2021

Period 1 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 PREP	<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 20-1 STEM	<input type="checkbox"/> English 30-1 STEM
<input type="checkbox"/> English 10-4	<input type="checkbox"/> English 20-2	<input type="checkbox"/> English 30-2
	<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 PREP	<input type="checkbox"/> Biology 20 AP PREP	<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"/> Chemistry 20 AP PREP	<input type="checkbox"/> Chemistry 30 AP
<input type="checkbox"/> Science 10-4	<input type="checkbox"/> Chemistry 20	<input type="checkbox"/> Chemistry 30
	<input type="checkbox"/> Physics 20 AP PREP	<input type="checkbox"/> Physics 30 AP
	<input type="checkbox"/> Physics 20	<input type="checkbox"/> Physics 30
	<input type="checkbox"/> Science 20	<input type="checkbox"/> Science 30
	<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 PREP	<input type="checkbox"/> Math 20-1/30-1 AP PREP (Year-long)	<input type="checkbox"/> Math 31 AP
<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"/> Statistics 35 AP
		<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 (Co-ed)	<input type="checkbox"/> Physical Education 30 (Co-ed)
<input type="checkbox"/> Physical Education 10 (Male)	<input type="checkbox"/> CALM 20 - independent course* (5 credits)	
<input type="checkbox"/> Phys. Ed 10/CALM (Co-ed)		
<input type="checkbox"/> Phys. Ed 10/Personal Fitness (Co-ed)	<input type="checkbox"/> Sports Medicine 25	<input type="checkbox"/> Sports Medicine 35
<input type="checkbox"/> Sports Medicine 15		

**Languages and General Option Courses**

<input type="checkbox"/> French 10-9Y AP PREP	<input type="checkbox"/> French 20-9Y AP PREP	<input type="checkbox"/> French 30-9Y AP
<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 (Independent Study)	<input type="checkbox"/> Aboriginal Studies 20 (Independent Study)	<input type="checkbox"/> Aboriginal Studies 30 (Independent Study)

**AP Course Options**

AP Capstone Program

<input type="checkbox"/> AP Seminar	<input type="checkbox"/> AP Research (Pre-Req is AP Seminar)
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CTS Courses		
<input type="checkbox"/> Baking 10	<input type="checkbox"/> Baking 20	<input type="checkbox"/> Baking 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 AP PRINCIPLES	<input type="checkbox"/> Computing Science 20 AP PREP	<input type="checkbox"/> Computing Science 30 AP
<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	<input type="checkbox"/> Cosmetology 30
<input type="checkbox"/> Culinary Foods 10	<input type="checkbox"/> Culinary Foods 20	<input type="checkbox"/> Culinary Foods 30
<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"/> Foods 10	<input type="checkbox"/> Foods 20	<input type="checkbox"/> Foods 30
<input type="checkbox"/> Horticulture 10	<input type="checkbox"/> Horticulture 20	<input type="checkbox"/> Horticulture 30
<input type="checkbox"/> Mechanics 10	<input type="checkbox"/> Independent Study	<input type="checkbox"/> Independent Study
<input type="checkbox"/> Photography 10	<input type="checkbox"/> Mechanics 20	<input type="checkbox"/> Mechanics 30
<input type="checkbox"/> Robotics 10	<input type="checkbox"/> Photography 20	<input type="checkbox"/> Photography 30
	<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 AP PREP	<input type="checkbox"/> Art 30 AP
	<input type="checkbox"/> Art 20	<input type="checkbox"/> Art 30
<input type="checkbox"/> Chamber Ensemble (Rock and Pop 15)	<input type="checkbox"/> Chamber Ensemble (Rock and Pop 25)	<input type="checkbox"/> Chamber Ensemble (Rock and Pop 35)
<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 (Singer Songwriter)	<input type="checkbox"/> General Music 20(Singer Songwriter)	<input type="checkbox"/> General Music 30 (Singer Songwriter)
<input type="checkbox"/> Musical Theatre 15	<input type="checkbox"/> Musical Theatre 25	<input type="checkbox"/> Musical Theatre 35

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

\_\_\_\_\_

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

<input type="checkbox"/> Athletic Leadership		
<input type="checkbox"/> Facey Leadership Initiative (FLI)		
<input type="checkbox"/> High Performance Advisory (HPA)	* For HPA, list your outside of school activity: _____	
<input type="checkbox"/> Instrumental Music 10 AP PREP	<input type="checkbox"/> Instrumental Music 20 AP PREP	<input type="checkbox"/> Instrumental Music 30 AP
<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**

Green Certificate       Work Experience       Registered Apprenticeship (RAP)

**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 grade level administrator or guidance counsellor if there are any questions. Students may only be enrolled in their grade level courses depending on course availability.

Student Signature: \_\_\_\_\_      Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_      Date: \_\_\_\_\_

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