ORCHARD PARK SECONDARY SCHOOL

_____ ***Last Name:*** _____ ***Given Name:*** _____

Elementary School ***TO BE COMPLETED BY PARENTS AND STUDENT*** ***TO BE COMPLETED BY ELEMENTARY SCHOOL***

INSTRUCTIONS

- The teacher recommendation should be completed prior to student/parent selection.
- Each student in grade nine will take 8 courses. Please circle your selections.
- Students will take all compulsory subjects from Group A; selecting either Academic, Applied, or Locally Developed.
- Students will select Male or Female Physical Education from Group B.
- Students will select TWO elective courses from Group C.
- Additional information on course selections may be obtained from Orchard Park's Guidance Department (905-662-3838) or by visiting our web-site, ***www.orchardparkss.ca***

A. All students will take the following program:

	ACADEMIC	*APPLIED*	*LOCALLY DEVELOPED*
1. **English**	ENG1D1	ENG1P1	ENG1L1
2. **Mathematics**	MPM1D1	MFM1P1	MAT1L1
3. **Science**	SNC1D1	SNC1P1	SNC1L1
4. **Geography**	CGC1D1	CGC1P1	
5. **French**	FSF 1D1	FSF1P1	

B. Physical Education

6. **Physical Education** PPL1O1M (Male) or PPL1O1F (Female)

C. Choose any TWO of:

AVI1O1 (Visual Arts)

BTT1O1 (Computer Applications)

HFN1O1 (Food and Nutrition)

TTI1O1 (Integrated Technologies)

AMI1O1 (Beginner Instrument) or AMI1O1E (Experienced) Instrument name _____

Consent to selected options:

_____ _____
(Parent/Guardian Signature) *(Date)*

_____ _____
(Student Signature) *(Date)*

The school recommends the following selections:

	ACADEMIC	*APPLIED*	*LOCALLY DEVELOPED*
1. **English**	ENG1D1	ENG1P1	ENG1L1
2. **Mathematics**	MPM1D1	MFM1P1	MAT1L1
3. **Science**	SNC1D1	SNC1P1	SNC1L1
4. **Geography**	CGC1D1	CGC1P1	
5. **French**	FSF 1D1	FSF1P1	

❑ recommend French exemption.

Student is:

❑ progressing well toward promotion

❑ progressing with difficulty towards promotion

❑ promotion at risk (attachment to grade 9 option sheet included)

Student has:

❑ been identified through an IPRC;

❑ been working through an non-exceptional IEP.

❑ received ESL support in the past.

❑ an HWDSB "At-risk" Attachment Form (yellow sheet) attached to his/her option sheet.

Elementary School Contact:

_____

(Printed Name)

_____ _____
(Signature) *(Date)*