OPTION SHEET FOR GRADES 10 – 12 FOR 2007-08 **Web site: www.orchardparkss.ca**

PLEASE NOTE: An Activity Fee of $35.00 is to be returned with this option sheet.

Current School: _____ PLEASE PRINT

_____ _____ _____ _____
Student's Last Name Given Names Male Female

Date of Birth: _____ Home Phone # _____
YY/MM/DD

Address: _____ _____ _____
Street Name and Number City Postal Code

ENGLISH AS A SECOND LANGUAGE

ELDAO1	ELDBO1	ELDCO1	ELDDO1	ESLAO1	ESLBO1	ESLCO1	ESLDO1
ESL3O1							

GRADE 10 – CHOOSE EIGHT COURSES

ADA2O1	AMG2O1	AMI2O1	AMK2O1	AVI2O1	BBI2O1	CHC2D1	CHC2P1
CHC2L1	CHV/GLC	TEE2O1	TIK2O1	ENG2D1	ENG2P1	ENG2L1	PPL2O1F
PPL2O1M	PAF2O1F	PAF2O1M	PAL2O1F	FSF2D1	FSF2P1	LWIBO1	MFM2P1
MAT2L1	MPM2D1	SNC2D1	SNC2P1	HFN2O1	HIF2O1	TGJ2O1	TCJ2O1
TMJ2O1M	TMJ2O1S	TDJ2O1	TTJ2O1A	TTJ2O1S			

GRADE 11 – CHOOSE EIGHT COURSES

ADA3M1	AMV3O1	AMI3M1	AMK3O1	AMH3M1	AMR3O1	AVI3M1	AWQ3O1
BAF3M1	BAI3E1	BTA3O1	BDI3C1	BMI3C1	BMX3E1	CGT3E1	CGF3M1
CGG3O1	CHA3U1	CHT3O1	CHW3M1	CLU3M1	CLU3E1	ICE3M1	ICS3M1
COO3O8C	ENG3U1	ENG3C1	ENG3E1	EMS3O1	GPP3O1	PPL3O1F	PPL3O1M
PAF3O1F	PAF301M	PAL3O1F	IDC3O1	FSF3U1	LWICO1	MBF3C1	
MCF3M1	MCR3U1	MEL3E1	SBI3C1	SBI3U1	SCH3U1	SPH3U1	SNC3E1
HNC3O1	HPW3C1	HSP3M1	HPC3O1	TGJ3M1	TCJ3C1B	TCJ3C1C	
TFT3C1	TMJ3C1M	TMJ3C1S	TDJ3M1	TTJ3C1			

GRADE 12 – CHOOSE SEVEN COURSES

ADA4M1	AMI4M1	AEA4O1	AVI4M1	AWE4M1/TGJ4M1		BAT4M1	BAN4E1
BTX4C1	BBB4M1	BOH4M1	BOG4E1	CIA4U1	CGW4U1	CGR4E1	CGR4M1
CGO4M1	CGU4U1	CHI4U1	LVV4U1	CHY4U1	CLN4U1	ICE4M1	ICS4M1
ENG4U1	ENG4C1	ENG4E1	ETS4U1	EWC4C1	PSE4U1	PL4O1F	PAI4O1
PAL4O1F	FSF4U1	LWIDO1	MHF4U1	MCV4U1	MAP4C1	MCT4C1	MEL4E1
MDM4U1	SBI4U1	SCH4C1	SCH4U1	SPH4C1	SPH4U1	HFA4M1	HHS4M1
HNB4O1	TGJ4M1/AWE4M1		TCJ4C1B	TCJ4C1C	TMJ4C1M	TMJ4C1S	TDJ4M1
TTJ4C1							

I/we, hereby grant permission for school officials, when necessary, to transport my son/daughter to school activities, or, in the case of injury when I/we cannot be reached, to the hospital. I/we also give permission for our son/daughter to participate in co-curricular activities. If I/we withdraw this permission a letter will be sent to the Principal. I/we further understand that it is the recommendation of Orchard Park and our responsibility, to enroll our son/daughter in the Student Accident Insurance Plan. If we choose not to purchase the insurance, I/we carry adequate insurance protection for our/my son/daughter. Personal information on this form is collected under the authority of the Education Act and will be used for the Ontario Student Record Card and administrative purposes. If the release of student name, photo, video image and/or accomplishments is not to be permitted for school, board or media publications, I/we will notify the Principal in writing before the first day of school. All questions or withdrawal of permission as indicated above is to be directed, in writing, to the Principal, Mr. Rocco. I/we also give permission for our son/daughter's photograph to be used for publication for school purposes.

_____ _____ _____ _____
Student's Signature Date Parent/Guardian Signature Date

ACTIVITY FEE PAID – YES _____ NO _____