



## Prince of Wales Secondary School Grade 10 Course Planning Sheet 2024

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Student # \_\_\_\_\_

Student Cell Phone \_\_\_\_\_ Student Email \_\_\_\_\_

### Grade 9 Checklist

Courses	Mark	Courses	Mark
<input type="checkbox"/> <b>English</b> <input type="checkbox"/> English 9 <input type="checkbox"/> English 9 Mini <input type="checkbox"/> ELL English (Beg, Int, Transitional)	<input type="checkbox"/>	<input type="checkbox"/> <b>PE</b> <input type="checkbox"/> PE 9 <input type="checkbox"/> Rec. Hockey 9 <input type="checkbox"/> Hockey 9	
<input type="checkbox"/> <b>Socials</b> <input type="checkbox"/> Social Studies 9 <input type="checkbox"/> Social Studies 9 Mini <input type="checkbox"/> ELL Social Studies Beg/Int	<input type="checkbox"/>	<input type="checkbox"/> <b>Science</b> <input type="checkbox"/> Science 9 <input type="checkbox"/> Science 9 Mini <input type="checkbox"/> ELL Science Beg/Int	
<input type="checkbox"/> <b>Math</b> <input type="checkbox"/> Math 9 <input type="checkbox"/> Math 9/10 Mini	<input type="checkbox"/>	<input type="checkbox"/> <b>Elective:</b> (French 9, Spanish 9, Gold Support 9, Learning Strategies 9 or another elective) <input type="checkbox"/> <b>Course:</b> _____	
<input type="checkbox"/> <b>Elective</b> <input type="checkbox"/> <b>Course:</b> _____	<input type="checkbox"/>	<input type="checkbox"/> <b>Elective</b> <input type="checkbox"/> <b>Course:</b> _____	
<input type="checkbox"/> <b>Online courses:</b>			

### Course Requests for Grade 10

Courses: (check option)	
<input type="checkbox"/> <b>English</b> <input type="checkbox"/> English 10 <input type="checkbox"/> English 10 First Peoples <input type="checkbox"/> English 10 Mini <input type="checkbox"/> ELL English (Beg, Int)	<input type="checkbox"/> <b>Science</b> <input type="checkbox"/> Science 10 <input type="checkbox"/> Science 10 Mini <input type="checkbox"/> ELL Science Beg/Int <input type="checkbox"/> Bio/Chem/Physics 11 (If taking summer school) _____
<input type="checkbox"/> <b>Socials</b> <input type="checkbox"/> Social Studies 10 <input type="checkbox"/> Social Studies 10 Mini <input type="checkbox"/> Social Studies 10 Transitional – ELL <input type="checkbox"/> ELL Social Studies Beg/Int	<input type="checkbox"/> <b>Math</b> <input type="checkbox"/> Foundations & Pre-Calculus Math 10 <input type="checkbox"/> Pre-Calculus 11 <input type="checkbox"/> Workplace Math 10 <input type="checkbox"/> Mini Pre-Calculus 11
<input type="checkbox"/> <b>PE</b> <input type="checkbox"/> PE 10 <input type="checkbox"/> Rec. Hockey 10 <input type="checkbox"/> Hockey 10	<input type="checkbox"/> Career Life Education 10 <input type="checkbox"/> Career Life Education 10 (OT) (Elective if selecting CLE OT _____)
<input type="checkbox"/> <b>Elective:</b> _____	<input type="checkbox"/> <b>Elective:</b> _____
<input type="checkbox"/> <b>Alternate Elective Courses:</b> 1. _____ 2. _____ 3. _____	
<input type="checkbox"/> <b>Online Course:</b> _____ <input type="checkbox"/> <b>Summer School Course:</b> _____ <input type="checkbox"/> <b>Off-timetable Class:</b> 1. _____ 2. _____	

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

