

# King City Secondary School

## Grade 11/12 Course Request Form

Student Name: \_\_\_\_\_ Previous School: \_\_\_\_\_

### Grade 11 – Select 8 courses

### Grade 12 – Select a minimum of 6 courses

	Course Name	Course Code
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

### Alternative Courses: Please select 3

1.			
2.			
3.			

*I give permission for the sharing of the Ontario Student Record (OSR) and school related information between relevant secondary school staff for the purpose of program planning.*

**Signatures:** \_\_\_\_\_  
   Student    Parent

\_\_\_\_\_  
   Date    Date

_____ Date entered in Trillium	_____ Initials
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