



**STOUFFVILLE DISTRICT SECONDARY SCHOOL**  
**Grade 9 Course Request Form**



Student Name: _____	Pronouns: _____	Date: _____
Preferred Name: _____	Previous School: _____	

Choose ONE (1) course per subject area below.

Subject Area	De-Streamed	Academic	Loc. Dev.	Open
English	ENL1W1		ENG1L1	
Math	MTH1W1		MAT1L1	
Science	SNC1W1		SNC1L1	
Geography	CGC1W1			
French		FSF1D1		FSF1O1

For MLL/ESL Students.

English as a Second Language (Pick 2)
ESLAO1 – Level 1
ESLBO1 – Level 2
ESLCO1 – Level 3
ESLDO1 – Level 4
ESLEO1 – Level 5

Choose THREE (3) elective courses from the table below. Choose THREE (3) alternative courses (A).

Subject Area	Electives	Course Code	Rank
<b>Arts</b>	Drama	ADA1O1	
	Music (experienced)	AMU1O1	
	Music (inexperienced)	AMU1O2	
	Repertoire (selected as a 4 <sup>th</sup> elective, earn 9 cr.)	AMR1O1	
	Visual Arts	AVI1O1	
<b>Business</b>	Building the Entrepreneurial Mindset	BEM1O1	
<b>Health &amp; Physical Education</b>	Healthy Active Living Education – Male Identifying	PPL1O9	
	Healthy Active Living Education – Girl Identifying	PPL1O8	
	Healthy Active Living Education – All Gender	PPL1O1	
<b>Social Sciences &amp; Humanities</b>	Food & Nutrition	HFN1O1	
<b>Technology</b>	Technology and the Skilled Trades	TAS1O1	
	Exploring Hairstyling & Aesthetics	TXJ1O1	
<b>Student Services</b>	Learning Strategies (*Students with IEP only)	GLE1O1	

Student Signature: _____	Date: _____
Parent/Guardian Signature: _____	Date: _____
Parent/Guardian Email: _____	Parent/Guardian Cell: _____
Guidance Counsellor: _____	