

STOUFFVILLE DISTRICT SECONDARY SCHOOL Grade 9 COURSE REQUEST FORM

Student Name (Family Name, Given Name) :	_____
Preferred Name:	_____
Elementary School:	_____

Choose one course per subject area below.

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

If you are an ESL student please select the appropriate courses from below:

Subject Area : English As a Second Language	ESLAO1	ESLBO1	ESLCO1	ESLDO1	ESLEO1
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Choose 2 elective courses from the table below.

Subject Area	Electives	Course Code
Student Services*	Learning Strategies*	GLE1O1*
Arts	Drama	ADA1O1
	Music	AMU1O1
	Repertoire**	AMR1O1**
	Visual Arts	AVI1O1
Business	Building the Entrepreneurial Mindset	BEM1O1
Technology	Technology and the Skilled Trades	TAS1O1
	Hairstyling & Aesthetics	TXJ1O1
Health & Physical Education	Health & Physical Education	PPL1O9 - Male PPL1O8- Female PPL1O1- All Gender
Social Sciences and Humanities	Food & Nutrition	HFN1O1

Two **alternative** choices from the electives

*Only available to students with an Individual Education Plan as determined through an IPRC

** Can be selected as a third elective course, allowing students to earn 9 credits

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Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Email: _____

Parent/Guardian Cell: _____

Counselor: _____