



ÉCOLE WINDSOR SECONDARY

COURSE REQUESTS 2024-2025

10

FIRST NAME: _____

LAST NAME: _____

Parent/Guardian
email: _____

Parent/Guardian
cell: _____

REQUIRED COURSES:

ENGLISH		<input type="radio"/>
1. ENGLISH	<i>select 1</i>	
Literary Studies & Composition 10	OR	<input type="checkbox"/>
Literary Studies & Creative Writing 10		<input type="checkbox"/>
2. MATH	<i>select 1</i>	
Workplace Math 10	OR	<input type="checkbox"/>
Foundations & Pre-Calculus Math 10		<input type="checkbox"/>
3. Science 10		<input checked="" type="checkbox"/>
4. Social Studies 10		<input checked="" type="checkbox"/>
5. Career Life Education 10		<input checked="" type="checkbox"/>
6. PHYSICAL HEALTH EDUCATION	<i>select 1</i>	
Physical & Health Education 10		<input type="checkbox"/>
Fitness & Conditioning 10		<input type="checkbox"/>
NVSD Sport Academy 10* _____		<input type="checkbox"/>
<p><i>*NVSD Sport Academy are subject to application & supplemental fees Please indicate the Academy you have applied and paid for.</i></p>		

FRENCH IMMERSION		<input type="radio"/>
1. Français langue 10		<input checked="" type="checkbox"/>
2. ENGLISH	<i>select 1</i>	
Literary Studies & Composition 10	OR	<input type="checkbox"/>
Literary Studies & Creative Writing 10		<input type="checkbox"/>
3. MATH	<i>select 1</i>	
Workplace Math 10	OR	<input type="checkbox"/>
Foundations & Pre-Calculus Math 10		<input type="checkbox"/>
4. Science 10		<input checked="" type="checkbox"/>
5. Sciences humaines 10		<input checked="" type="checkbox"/>
6. CAREER EDUCATION ^		
Career Life Education 10	OR	<input type="checkbox"/>
Éduc. au choix de carrière et de vie 10		<input type="checkbox"/>
7. PHYSICAL HEALTH EDUCATION	<i>select 1</i>	
Physical & Health Education 10		<input type="checkbox"/>
Fitness & Conditioning 10		<input type="checkbox"/>
NVSD Sport Academy 10* _____		<input type="checkbox"/>
<p><i>^ If FI student completes Careers 10 in English, they will be required to take Langue et Culture de la Francophonie 12 during 2025-2026</i></p>		

ELECTIVE OPTIONS:

1. _____

2. _____

See reverse for options, list in priority order

1. _____

ALTERNATE CHOICES: ALL students must indicate 2 alternate elective options

i) _____ ii) _____

X-BLOCK OPTION: List all outside timetable courses

COUNSELLING NOTES:

Peak Performance: 1 or 2 blocks, AM/PM

These course requests have been entered into MyEd BC and parent/guardian has reviewed.

Student Signature _____

Parent Signature _____

Input Date _____

COMPLETED FORM due to Student Services

FRIDAY MARCH 8, 2024