

SEYCOVE SECONDARY SCHOOL 2024/2025 GRADE 9 COURSE PROGRAMMING REQUEST FORM

9

LAST NAME _____ FIRST NAME _____ STUDENT CELL # _____
 STUDENT SIGNATURE _____ DATE _____

OPTION #1: GRADE 9 PROGRAM ✓ selection

1. ENGLISH 9	<input checked="" type="checkbox"/>
2. SOCIAL STUDIES 9	<input checked="" type="checkbox"/>
3. SCIENCE 9	<input checked="" type="checkbox"/>
4. MATH 9	<input checked="" type="checkbox"/>
5. PHYSICAL & HEALTH EDUCATION 9 OR	<input type="checkbox"/>
SPORT ACADEMY _____	<input type="checkbox"/>

* Note: Supplemental fees apply to all Academies. Students must complete application and pay through School Cash Online.

ELECTIVES - RANK IN PRIORITY ORDER 1-6

FRENCH 9	#
WOODWORKING & ENGINEERING 9	#
ART, DIGITAL ART & PHOTOGRAPHY 9	#
DRAMA 9	#
FOODS 9	#
TEXTILES 9	#

ELECTIVE COURSES OUTSIDE THE TIMETABLE

CONCERT BAND 9	<input type="checkbox"/>
CONCERT CHOIR 9	<input type="checkbox"/>
JAZZ BAND 9	<input type="checkbox"/>
VOCAL JAZZ 9	<input type="checkbox"/>

OPTION #2: PERFORMANCE LEARNING PROGRAM (PLP) ✓ selection

*Note: PLP Requires the completion of a registration project.	
1. HUMANITIES 9- PLP English 9	<input checked="" type="checkbox"/>
2. HUMANITIES 9- PLP Social Studies 9	<input checked="" type="checkbox"/>
3. PLP SCIENCE 9	<input checked="" type="checkbox"/>
4. PLP MAKER (Engineering, Art, Info Tech & Design)	<input checked="" type="checkbox"/>
5. MATH 9	<input checked="" type="checkbox"/>
6. PHYSICAL & HEALTH EDUCATION 9 OR	<input type="checkbox"/>
*SPORT ACADEMY _____	<input type="checkbox"/>

*Note: Supplemental fees apply to all academies. Students must complete application and through school cash online.

ELECTIVES - RANK IN PRIORITY ORDER 1-7

FRENCH 9	#
WOODWORKING & ENGINEERING 9	#
ART, DIGITAL ART & PHOTOGRAPHY 9	#
DRAMA 9	#
FOODS 9	#
TEXTILES 9	#
CHOIR 9	#

COURSE PROGRAMMING GUIDE CAN BE FOUND AT:
<https://www.sd44.ca/school/seycove>

Questions? Please contact **Ruby Willems**(Gr. 9 Counsellor 2024/2025)
rwilliams@sd44.ca or 604-903-3634

**Form Due by Thursday
Feb 15th, 2024**

Do you have LAC Support?
 Yes No

Would your student like to continue with LAC?
 Yes No

COUNSELLING NOTES

PARENT SIGNATURE _____ DATE _____
 PARENT EMAIL _____