



## Byrne Creek Community School GRADE 8 COURSE SELECTION FORM 2019 - 2020

Please return completed form by  
February 28, 2019

**Student Information**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Preferred Last Name: \_\_\_\_\_

Preferred First Name: \_\_\_\_\_

Gender: Male  Female

Birthdate: \_\_\_\_\_

dd/mm/yyyy

Address: \_\_\_\_\_

Apt #                          House #                          Street    City    Postal Code

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Elementary School: \_\_\_\_\_

Grade 7 Teacher's Name: \_\_\_\_\_

**Course Information**

Students must take 8 courses. Seven of these courses are required, with the eighth course being an elective.

**Required Courses (7)**

1. English Language Arts 8
2. Social Studies 8
3. Physical & Health Education 8
4. Mathematics 8
5. Science 8
6. French 8
7. ADST 8  
(Alternating days of Food & Textile Studies/Technology)

**Elective Course (1)**

All students will take **one** of the following electives:

- Course Name**
- Arts Education 8
  - Drama 8
  - Dance Performance 8
  - Music - Choir 8 (year long – after school)
  - Music - Beginner Band 8 (year long)
  - Music – Junior Band 8 (year long)
  - Music – Jazz Band 8 (year long – before school)

	Elective Course Name
1 <sup>st</sup> Choice	
2 <sup>nd</sup> Choice	

**SPECIALTY PROGRAMS**

*Teacher Use Only*

<b>Honours Courses:</b> <input type="checkbox"/> English 8 <input type="checkbox"/> Math 8 <input type="checkbox"/> Science 8 <input type="checkbox"/> Social Studies 8
For students selecting Honours Courses a completed application form must be attached.
<b>STEAM Program:</b> <input type="checkbox"/> <b>STEAM Program Honours:</b> <input type="checkbox"/>
For students selecting either STEAM Program a completed application form must be attached.
<b>ELL Program:</b> <input type="checkbox"/>
For students requiring English Language Learning instruction: the number of classes needed will be determined in consultation with your child's Grade 7 teacher and the Learning Support Services Department at Byrne.
<b>Learning Support Services:</b> <input type="checkbox"/> LSS Course Support <input type="checkbox"/> PEP <input type="checkbox"/> Access
For students requiring learning support (ACCESS, Pre-employment) placement will be determined in consultation with your child's Grade 7 teacher and the Learning Support Services Department at Byrne.

GRADE 7 TEACHER SIGNATURE \_\_\_\_\_

STUDENT SIGNATURE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Parents are invited to attend our  
Information Evening on Thursday,  
January 31 @ 6:00pm

**CONTACT INFORMATION**

**Mother** Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address (*if different from students*)

\_\_\_\_\_

Apt#	House #	Street Name	City	Postal Code
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Home Tel # \_\_\_\_\_ Work Tel # \_\_\_\_\_

Cell # \_\_\_\_\_ e-mail \_\_\_\_\_  
(Parent/Guardian)

**Father** Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address (*if different from students*)

\_\_\_\_\_

Apt#	House #	Street Name	City	Postal Code
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Home Tel # \_\_\_\_\_ Work Tel # \_\_\_\_\_

Cell # \_\_\_\_\_ e-mail \_\_\_\_\_  
(Parent/Guardian)

**Emergency Contact**

Name \_\_\_\_\_ Home Tel # \_\_\_\_\_ Work # \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Cell # \_\_\_\_\_

**Medical Information**

Doctor's Name: \_\_\_\_\_ Tel # \_\_\_\_\_

Special Medical Concerns: Yes  No  Personal Health Care # \_\_\_\_\_

Info: \_\_\_\_\_

**Name of Person Student Lives with if NOT Parent/Guardian**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Email \_\_\_\_\_

Home Tel # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

**Language spoken at home:**  English  French  Other \_\_\_\_\_

**Is this student of First Nations or Metis ancestry?**  Yes  No

**Citizenship:**  Canadian  Permanent Resident  Landed Immigrant  Student Authorization

Expiry Date \_\_\_\_\_

**Place of birth:**  Canada: Province \_\_\_\_\_  Other: Country \_\_\_\_\_