



Byrne Creek Community School GRADE 8 COURSE SELECTION FORM 2021 - 2022

Please return
completed form by
February 26, 2021

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
1st Choice	
2nd Choice	

SPECIALTY PROGRAMS

STEAM Program:
 For students selecting STEAM Program a completed application form must be attached.

Teacher Use Only:
ELL Program:

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.

Learning Support Services: **LSS Course Support** **PEP** **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 _____

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 _____