



Byrne Creek Community School

GRADE 8 COURSE SELECTION FORM

2026 - 2027

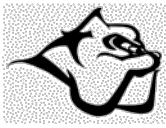
STUDENT INFORMATION	
Legal Last Name	Legal First Name
Preferred Last Name	Preferred First Name
Birthdate (yyyy-mm-dd)	MyEdBC Student #
Address (Apartment # + House # + Street Name + City + Postal Code)	
Home Phone	Student's Email

ELEMENTARY SCHOOL INFORMATION	
School Name	Grade 7 Teacher Name

COURSE SELECTION	
<p>REQUIRED COURSES (7 courses) The following courses are required for all students:</p> <ol style="list-style-type: none">English Language Arts 8Social Studies 8Physical & Health Education 8Mathematics 8Science 8French 8ADST 8 (alternating days of Food & Textile Studies and Technology)	<p>ELECTIVE COURSE (1 course) Students must select one of the following electives:</p> <ul style="list-style-type: none"><input type="checkbox"/> Arts Education 8<input type="checkbox"/> Drama 8<input type="checkbox"/> Dance Performance 8<input type="checkbox"/> Music - Beginner Band 8 <p>OPTIONAL EXTRA COURSES</p> <ul style="list-style-type: none"><input type="checkbox"/> Music - Choir 8 (after school)<input type="checkbox"/> Music - Jazz Band 8 (previous band experience, before school)

ELEMENTARY TEACHER USE ONLY	
<p>ELL PROGRAM - For students requiring English Language Learning instruction: the number of ELL classes needed will be determined in consultation with the Grade 7 teacher and the Student Services Department at Byrne Creek.</p> <p>Indicate current ELL level: <input type="checkbox"/> Beginning <input type="checkbox"/> Developing <input type="checkbox"/> Expanding <input type="checkbox"/> Consolidating <input type="checkbox"/> Bridging</p>	

SIGNATURE	
Parent Signature	Date
Student Signature	Grade 7 Teacher Signature



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PARENT/GUARDIAN INFORMATION	
Relationship to Student <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other - specify relationship:	
Last Name	First Name
Address if <u>different from student's address</u> (Apartment # + House # + Street Name + City + Postal Code)	
Home Phone	Cell Phone
Work Phone	Email

PARENT/GUARDIAN INFORMATION	
Relationship to Student <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other - specify relationship:	
Last Name	First Name
Address if <u>different from student's address</u> (Apartment # + House # + Street Name + City + Postal Code)	
Home Phone	Cell Phone
Work Phone	Email

OTHER EMERGENCY CONTACT INFORMATION	
Last Name	First Name
Home Phone	Cell Phone
Work Phone	Relationship to Student

MEDICAL INFORMATION
Student's BC Personal Health Number
Special Medical Concerns <input type="checkbox"/> No <input type="checkbox"/> Yes - describe

ADDITIONAL DEMOGRAPHIC INFORMATION	
First Nations / Métis Ancestry <input type="checkbox"/> No <input type="checkbox"/> Yes	Language Spoken at Home
Student's citizenship status in Canada <input type="checkbox"/> Canadian citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Refugee <input type="checkbox"/> Study permit - International Education Program <input type="checkbox"/> Study permit - parent is on a work/study permit	
List all <u>siblings</u> currently attending Byrne Creek Community School (last name + first name)	