

JACOB HESPELER SECONDARY SCHOOL

2024-2025 Grade 9 Course Selection Sheet



OEN: _____ Date of Birth: Year _____ Month _____ Day _____

Last Name: _____ First Name: _____

Address: _____

Phone: _____ Present Elementary School: _____

Check accommodation if applicable: ☐ IPRC ☐ IEP

COMPLUSORY COURSES

English	De-streamed	ENL1WI
Mathematics	De-streamed	MTH1WI
Science	De-streamed	SNC1WI
Geography	Academic	CGC1WI
French	Academic	FSF1DI

ELECTIVE COURSES (pick 3)

Dramatic Arts	<input type="checkbox"/>	ADA1OI
Music	<input type="checkbox"/>	AMU1OI
Visual Arts	<input type="checkbox"/>	AVI1OI
Introduction to Business	<input type="checkbox"/>	BEM1OI
Exploring Family Studies	<input type="checkbox"/>	HIF1OI
Healthy Active Living (Non-Gendered)	<input type="checkbox"/>	PPL1OI
Healthy Active Living (Female)	<input type="checkbox"/>	PPL1OX
Healthy Active Living (Male)	<input type="checkbox"/>	PPL1OY
Integrated Technology Rotation: may include Auto, Construction, Tech Design, Green House Tech., Comm. Tech., Computer Tech., Cooking & Baking	<input type="checkbox"/>	TAS1OI
Learning Strategies (with permission only)	<input type="checkbox"/>	GLE1OI

Parent/Guardian Signature

Student Signature

Principal (or designate) Signature

Date