



Counsellor: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Student #: \_\_\_\_\_

**Graduation Requirements**

✓	Courses	Credits
	Language Arts 10	4
	Language Arts 11	4
	Language Arts 12	4
	Social Studies 10	4
	a Social Studies 12	4
	Science 10	4
	a Science 11 or 12	4
	a Mathematics 10	4
	a Mathematics 11 or 12	4
	Physical & Health Education 10	4
	Arts Education/Applied Design, Skills and Technologies	4
	Electives	28
	Numeracy Assessment	0
	Literacy Assessment	0
	Career Life Education	4
	Career Life Connections + Capstone	4
	<b>Total</b>	<b>80</b>

**Enter Courses for Grade 9  
Required and Elective Credits**

**\*\*Be sure that you are choosing the right course for you and your interests, strengths, and future-plans. Course descriptions can be found on our website.\*\***

<input checked="" type="checkbox"/> English 9
<input checked="" type="checkbox"/> Science 9
<input checked="" type="checkbox"/> Math 9
<input checked="" type="checkbox"/> Social Studies 9
<input checked="" type="checkbox"/> Mosaic Elective Rotation 9
<b>Physical Education</b>
<input type="checkbox"/> Physical Education 9 <b>OR</b> <input type="checkbox"/> Physical Education 9 Girls
<b>Language: A second language is often a university requirement. If you choose not to take a language, make sure this works with your future goals. A parent or guardian must approve this decision.</b>
<input type="checkbox"/> French <b>OR</b> <input type="checkbox"/> Sm'algayax <b>OR</b> <input type="checkbox"/> Mosaic Elective Rotation
<b>You may only pick ONE</b>
<input type="checkbox"/> Instrumental Music 9/10: Concert Band <b>OR</b> <input type="checkbox"/> Mosaic Elective Rotation
<b>Outside the Timetable: Check off any courses you wish to join that run outside the timetable (Optional)</b>
<input type="checkbox"/> Musical Theatre <input type="checkbox"/> Musical Theatre Pit Band <input type="checkbox"/> Instrumental Music 9/10: Jazz Band <input type="checkbox"/> Choral Music: Concert Choir <input type="checkbox"/> Student Leadership (Student Council) <input type="checkbox"/> Basketball Academy <input type="checkbox"/> Hockey Academy

**Parent/Guardian Signature:** \_\_\_\_\_