



# Swift Current Comprehensive High School

## Grade 9 Course Selection 2024 – 2025

Legal First Name: \_\_\_\_\_ Legal Last Name: \_\_\_\_\_

Previous School: \_\_\_\_\_

Town/City: \_\_\_\_\_ Province: \_\_\_\_\_

English

French Immersion

### Compulsory Grade 9 Courses:

#### ENGLISH PROGRAM

- English Language Arts
- Math
- Science
- Social Studies
- Physical Education
- Health (pick one) Regular  or Faith Based
- Career Ed
- P.A.A. Rotation

#### FRENCH IMMERSION

- Français / ELA
- Mathématiques
- Science
- Histoire
- Physical Education
- Health (pick one) Regular  Faith Based
- Career Ed
- P.A.A. Rotation

Please Select **one** (1) option from the list below:

Band (Instrument Name: \_\_\_\_\_)

Arts Education Rotation (Art, Drama, Music)

Is your student interested in Core French? (please check box) YES  NO

#### Drivers Education

Date of Birth: Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

- Noon
- After School
- Either

### If you have any questions please contact us at:

Melanie Arntsen  
 Vice Principal  
 (306) 773-2801 ext 504  
 marntsen78@chinooksd.ca

Swift Current Comprehensive High School  
 1100 11th Ave NE  
 Swift Current, SK S9H 2V6  
 306-773-2801



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Do you expect your child to settle in well at secondary school?						
	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree	COMMENTS
Academically						
Socially with peers						
Socially with teachers						
To the new routine						
Additional Comments:						
_____						
_____						
_____						

Please note placement for this student. Thank-you in advance for your help!				
English	Math	Science	Social	French
<input type="checkbox"/> Regular	<input type="checkbox"/> Regular	<input type="checkbox"/> Regular	<input type="checkbox"/> Regular	<input type="checkbox"/> Regular
<input type="checkbox"/> Struggles with	<input type="checkbox"/> Struggles with	<input type="checkbox"/> Struggles with	<input type="checkbox"/> Struggles with	<input type="checkbox"/> Struggles with
Would this student benefit from support classes? (please check box)			YES <input type="checkbox"/>	NO <input type="checkbox"/>
If Yes, which would they benefit from? (please check box)				
Learning Assistance Center <input type="checkbox"/>		or	English as an Additional Language <input type="checkbox"/>	
Additional Comments:				
_____				
_____				
_____				

**X**

Student Signature

**X**

Parent Signature

**Please Return As Soon As Possible**