



# Swift Current Comprehensive High School

## Grade 9 Course Selection 2024 – 2025

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

Present School: (Please Circle)

École Centennial                      Central                      Fairview                      CAMPS                      Irwin  
Waldeck                      Wymark                      Stewart Valley                      Success                      All Saints

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:						
_____						
_____						
_____						

**X**

Student Signature

**X**

Parent Signature

Teacher / School Section				
Please indicate the appropriate 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 From Teacher:				
_____				
_____				
_____				
_____				

**X**

Teacher Signature

**Please Return to your School by Friday, March 8, 2024**