



**PORT CREDIT SECONDARY SCHOOL
 GRADE 9 STRINGS REGIONAL PROGRAM
 COURSE SELECTION – 2014-2015
 www.pcsonline.com**

Mailing Address:
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 L5G 2E5

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 Last Name

 First Name

 Ontario Education Number

 Current Grade 8 School

Birth Date: ____/____/____
 Year Month Day

- Male - Female

 Street Address

 City, Province

 Postal Code

 Phone Number

 Email Address

ALL STUDENTS MUST CHOOSE EIGHT (8) COURSES. PLEASE CHECK THE APPROPRIATE LEVEL

COMPULSORY COURSES

	ACADEMIC	APPLIED	TEACHER RECOMMENDATION
ENGLISH	<input type="checkbox"/> ENG1D0	<input type="checkbox"/> ENG1P0	<input type="checkbox"/> Academic <input type="checkbox"/> Applied Teacher Initial: _____
MATH	<input type="checkbox"/> MPM1D0	<input type="checkbox"/> MFM1P0	<input type="checkbox"/> Academic <input type="checkbox"/> Applied Teacher Initial: _____
SCIENCE SciTech	<input type="checkbox"/> SNC1DR	<input type="checkbox"/> SNC1PR	<input type="checkbox"/> Academic <input type="checkbox"/> Applied Teacher Initial: _____
GEOGRAPHY	<input type="checkbox"/> CGC1D0	<input type="checkbox"/> CGC1P0	<input type="checkbox"/> Academic <input type="checkbox"/> Applied Teacher Initial: _____
FRENCH	<input type="checkbox"/> FSF1D0	<input type="checkbox"/> FSF1P0	<input type="checkbox"/> Academic <input type="checkbox"/> Applied Teacher Initial: _____

OPEN LEVEL COURSES

STRINGS - 2-credit package	<input type="checkbox"/> AMS1OR	Select for Strings Regional Program
Exploring Technologies - SciTech	<input type="checkbox"/> TIJ1OR	Select for SciTech Regional Programs Tech Course

OFFICE USE ONLY

LEARNING STRATEGIES	<input type="checkbox"/> GLE1O0 (identified) <input type="checkbox"/> GLS1O0 (non-identified)	Elementary Guidance Counsellor Approval: _____
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 Student Signature

 Parent Signature

**** If any personal information (address/phone/custody/emergency contact/citizenship) is changing over the summer, please see the office manager at your elementary school to fill out the Student Registration Form and attach a copy of the supporting documentation.****