



College Heights Secondary School
GRADE 9 OPTION SHEET 2021 - 2022

NAME: _____ SCHOOL: _____

Please select 8 classes in total from this planning sheet.

I. COMPULSORY COURSES:

(Please select the appropriate stream for each of the following compulsory courses)

| | | |
|------------------------|--|---|
| English | <input type="checkbox"/> ENG1L (Locally Developed) | <input type="checkbox"/> ENG1P (Applied) |
| Math | <input type="checkbox"/> MAT1L (Locally Developed) | <input type="checkbox"/> MTH 1W (De-Streamed) |
| Science | <input type="checkbox"/> SNC1L (Locally Developed) | <input type="checkbox"/> SNC1P (Applied) |
| Healthy Active Living | <input type="checkbox"/> PPL1OX (Female) | <input type="checkbox"/> PPL1OY (Male) |
| Geography | | <input type="checkbox"/> CGC1P (Applied) |
| Exploring Technologies | <input type="checkbox"/> TIJ1O | |

II. ELECTIVE COURSES: (Please choose 2)

| | |
|---|--|
| Art (Drama) | <input type="checkbox"/> ADA1O |
| Art (Theatre Tech: Integrated Arts) | <input type="checkbox"/> ALC1O |
| Art (Visual Art) | <input type="checkbox"/> AVI1O |
| Communications Technology | <input type="checkbox"/> TGJ1O |
| Construction Technology | <input type="checkbox"/> TCJ1O |
| Family Studies | <input type="checkbox"/> HIF1O |
| Green Industries | <input type="checkbox"/> THJ1O |
| Hairstyling & Aesthetics | <input type="checkbox"/> TXJ1O |
| Health Care | <input type="checkbox"/> TPJ1O |
| Hospitality & Tourism (Baking/Food Preparation) | <input type="checkbox"/> TFJ1O |
| Manufacturing | <input type="checkbox"/> TMJ1O1 (Machine Shop) OR <input type="checkbox"/> TMJ1O2 (Welding) |
| Transportation | <input type="checkbox"/> TTJ1O1 (Auto Body) OR <input type="checkbox"/> TTJ1O2 (Vehicle Maintenance) |

These selections must be approved by your parent/guardian and your grade 8 teacher before selecting courses on

myBlueprint (due February 16th 2020)

Full course calendar and pathways is available under GUIDANCE at CHSS Website www.ugdsb.ca/college-heights/guidance

Any questions please contact your Grade 8 teacher or CHSS guidance greg.smith@ugdsb.on.ca

FEEDER SCHOOL USE ONLY

Exceptional Student Yes No

Exceptionality: _____

College Heights Secondary School

371 College Ave W Guelph, ON N1G 1T3 • Telephone: 519-821-4510 • Principal: Mr. P. Richard

Name of Student:

| | | | | |
|---------------|-------------|-------------------|----------------------------|--------|
| Legal Surname | | Surname by Repute | | OEN # |
| Given Name | Middle Name | Usual Name | Date of Birth (MM/DD/YYYY) | Gender |

Address of Student:

| | | | | |
|---------|----------|-------------------------------|-----------|-------------|
| House # | Apt/Unit | Street Name/Rd Name/Line Name | City/Town | Postal Code |
| RR# | Box | Township/Municipality | Phone # | |

With whom does the child live? _____ Legal Guardian: _____

Citizenship: _____ Country of Birth: _____ Date of Arrival in Canada: _____
MM/DD/YYYY

Address of Father

OR

Stepfather
(Please check one)

| | | | | |
|----------|----------|-------------------------------|---------------|--------------|
| Surname | | Given Name | | Phone Number |
| House # | Apt/Unit | Street Name/Rd Name/Line Name | City/Town | Postal Code |
| RR# | Box | Township/ Municipality | Email Address | |
| Employer | | Work Phone # | Cell # | |

Address of Mother

OR

Stepmother
(Please check one)

| | | | | |
|----------|----------|-------------------------------|---------------|--------------|
| Surname | | Given Name | | Phone Number |
| House # | Apt/Unit | Street Name/Rd Name/Line Name | City/Town | Postal Code |
| RR# | Box | Township/ Municipality | Email Address | |
| Employer | | Work Phone # | Cell # | |

Address of Guardian if applicable

| | | | | |
|----------|----------|-------------------------------|---------------|--------------|
| Surname | | Given Name | | Phone Number |
| House # | Apt/Unit | Street Name/Rd Name/Line Name | City/Town | Postal Code |
| RR# | Box | Township/ Municipality | Email Address | |
| Employer | | Work Phone # | Cell # | |

I have read this page and take full responsibility to inform the school of any changes.

Parent/Guardian Signature: _____ Date: _____