



College Heights Secondary School  
**GRADE 9 OPTION SHEET 2022 - 2023**

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"/> ENG1DW (De-Streamed)
Math	<input type="checkbox"/> MAT1L (Locally Developed)	<input type="checkbox"/> MTH 1W (De-Streamed)
Science	<input type="checkbox"/> SNC1L (Locally Developed)	<input type="checkbox"/> SNC1W (De-Streamed)
Healthy Active Living	<input type="checkbox"/> PPL1OX (Female)	<input type="checkbox"/> PPL1OY (Male)
Geography		<input type="checkbox"/> CGC1DW (De-Streamed)
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 Monday February 14<sup>th</sup> 2022)**

Full course calendar and pathways is available under GUIDANCE at CHSS Website [www.ugdsb.ca/college-heights/guidance](http://www.ugdsb.ca/college-heights/guidance)

Any questions please contact your Grade 8 teacher or CHSS guidance [greg.smith@ugdsb.on.ca](mailto: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: \_\_\_\_\_