

# WALNUT GROVE SECONDARY SCHOOL

ELL COURSE SELECTION – GRADE 8 – 2021/22



Student last name: \_\_\_\_\_ First name: \_\_\_\_\_

Elementary school/s: \_\_\_\_\_

Submit by date: \_\_\_\_\_ MyEdBC number: \_\_\_\_\_

## Required Courses (Circle one from each row)

English Language Arts 8	or	ELL	or	Humanities – EN 8
Social Studies 8	or	ELL	or	Humanities – SS 8
English Language Development 8/9				
Physical & Health Education: Boys	or	Co-Ed	or	Girls
Mathematics 8				
Science 8	or	ELL Basic Science Concepts		

## Elective Courses

All students will be taking a rotation of electives. Most students will receive 8 elective courses.  
Students who take Band 8 will receive Band, plus 4 additional electives.

Full Year Electives	Outside the timetable (Optional)	
<input type="checkbox"/> Band 8 – FY	<input type="checkbox"/> Jazz Band 8	<input type="checkbox"/> Choir 8

## STSS (Student Support Services) – By teacher referral

May replace one French or Elective Block.

Please leave this section blank if resource is not required/recommended for this student.

Parent signature: \_\_\_\_\_ Resource/Grade 7 Teacher signature: \_\_\_\_\_

Student had LA Support in Grade:  5  6  7 for: \_\_\_\_\_

Support services needed: \_\_\_\_\_ Designation: \_\_\_\_\_

Student signature: \_\_\_\_\_

Parent signature: \_\_\_\_\_

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## CONTACT INFORMATION – GRADE 8

### Name: (legal – on birth certificate)

Last: \_\_\_\_\_

First: \_\_\_\_\_

Middle: \_\_\_\_\_

Birthdate: (DD/MM/YYYY) \_\_\_\_\_

Age: \_\_\_\_\_

Course selection guide  
available at

<http://wgsscounselling.weebly.com/guidebooks.html>

### Name: (other – if different than on birth certificate)

Last: \_\_\_\_\_

First: \_\_\_\_\_

Middle: \_\_\_\_\_

### Parent Contact Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Email address: \_\_\_\_\_

### Emergency Contact Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Email address: \_\_\_\_\_

### Student Contact Information:

Primary address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Home phone: \_\_\_\_\_

Email address: \_\_\_\_\_

### Student History:

Birthplace: City \_\_\_\_\_ Province \_\_\_\_\_ Country \_\_\_\_\_

Legal alert:  Yes  No Custody:  Sole Custody  Joint Custody

Aboriginal ancestry (if YES, check one)  First Nations  Metis  Inuit

Citizenship:  Canadian Citizen  Permanent Resident  International Student  ELL Support Needed

Medical condition: No \_\_\_ Yes\* \_\_\_ \*Submit medical form with registration

Care Card number: \_\_\_\_\_

Received learning assistance - list grade(s) \_\_\_\_\_