

WALNUT GROVE SECONDARY SCHOOL

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	Humanities – EN 8
Social Studies 8	or	Humanities – SS 8
French 8		
Physical & Health Education: Boys	or	Co-Ed or Girls
Mathematics 8		
Science 8		

I am interested in the Bring your own Lap Top Cohort

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 Elective	Outside the timetable (Optional)	
<input type="checkbox"/> Band 8 – FY (Arts Education)	<input type="checkbox"/> Jazz Band 8	<input type="checkbox"/> Choir 8

**Honours Programs: Registration in honours and/or accelerated programs will be based on the results of challenge exams.*

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: _____

Please indicate if you were previously in a French Immersion Program

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) _____