

WALNUT GROVE SECONDARY SCHOOL

COURSE SELECTION – GRADE 8 – FRENCH IMMERSION – 2021/22



Student last name: _____ First name _____

Elementary school/s: _____

Submit by date: _____ MyEdBC number: _____

Required Courses
English Language Arts 8
Science Humaines 8
Français Langue 8
Mathematics 8
Sciences Naturelles 8
Éducation Physique/Santé 8

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	<input type="checkbox"/> Jazz Band 8	<input type="checkbox"/> Choir 8
<i>*Honours Programs: Registration in honours and/or accelerated programs will be based on the results of challenge exams.</i>		

STSS (Student Support Services) – By Teacher referral May replace an 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: <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 for : _____	
Support services needed: _____	Designation: _____

Student signature: _____	Parent signature: _____
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WALNUT GROVE SECONDARY SCHOOL

CONTACT INFORMATION – GRADE 8 – FRENCH IMMERSION

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) _____