



SA-HALI SECONDARY SCHOOL COURSE REQUEST SHEET

STUDENTS ENTERING GRADE 9 - 2024-2025

Student Name:		Student Number:	
Current Grade:		Current School: Sa-Hali Secondary School	
SECTION A – CORE COURSES *In this section you must select <u>ONE</u> required course in each category		SECTION B – ELECTIVE COURSES *In this section you must select THREE Elective Courses in total (AT LEAST 1 IN ADST AND 1 IN AED)	
Language Arts: Pre-selected - Requirement		Language Electives	
<input checked="" type="checkbox"/> English 9	MEN--09	<input type="checkbox"/> French 9	MFR--09
		<input type="checkbox"/> Secwepemcstin 9	MSWP-09
Math: Pre-selected – Required (Math and PE are yearlong)		Applied Skills (ADST) Electives	
<input checked="" type="checkbox"/> Math 9	MMA--09	<input type="checkbox"/> Computer Studies 9	MADIT09CS
		<input type="checkbox"/> Entrepreneurship & Marketing 9	MADEM09
		<input type="checkbox"/> Foods Studies 9	MADSF09
		<input type="checkbox"/> Metalwork 9	MADM-09
		<input type="checkbox"/> Power Technology 9	MADPT09
		<input type="checkbox"/> Textiles 9	MADT-09TEX
		<input type="checkbox"/> Woodwork 9	MADW-09
Science: Pre-selected - Requirement		Arts Education (AED) Electives	
<input checked="" type="checkbox"/> Science 9	MSC--09	<input type="checkbox"/> Drama 9	MDR--09
		<input type="checkbox"/> Music 9: Guitar	MMU--09-GR
		<input type="checkbox"/> Music 9: Band	MMU--09-AB
		<input type="checkbox"/> Art 9	MVA--09ART
Social Studies: Pre-selected - Requirement		Other Electives / District Programs	
<input checked="" type="checkbox"/> Social Studies 9	MSS--09	<input type="checkbox"/> District Strings	
Physical Health Education: Pre-selected - Requirement			
<input checked="" type="checkbox"/> Physical Health Education 9	MPHE-09		

ALTERNATE COURSES

Please also choose **THREE** more *different* electives from Column B that will act as alternates, in the event we are not able to accommodate your first **TWO** elective choices. Please choose in order of preference

ALTERNATE #1 -Course Name: _____

ALTERNATE #2 -Course Name: _____

ALTERNATE #3 -Course Name: _____

NOTES TO YOUR COUNSELLOR: