

**WILLIAM ABERHART HIGH SCHOOL  
GRADE 10 REGISTRATION  
FRENCH IMMERSION PROGRAM**

Place ID Label Here

LAST NAME

FIRST NAME

CBE ID NUMBER

JUNIOR HIGH SCHOOL

**REQUIRED COURSES – PLEASE MARK (X) IN THE APPROPRIATE BOXES**

Selections have been made in consultation with Junior High Teacher \_\_\_\_\_  
Teacher Signature

ENGLISH LANGUAGE ARTS	SCIENCE	FRENCH LANGUAGE ARTS	PHYSICAL EDUCATION	SOCIAL STUDIES	MATHEMATICS
<input type="checkbox"/> English 10-1 (1105) <input type="checkbox"/> English 10-1AP (1106) <input type="checkbox"/> English 10-2 (1104)	<input type="checkbox"/> Science 10 (1270) <input type="checkbox"/> Science 10 AP (1271) <input type="checkbox"/> Science 14 (1288)	<input type="checkbox"/> FLA 10-1 (1304)	<input type="checkbox"/> PE 10 (1445) <input type="checkbox"/> PE10/Band (1418) ( 2 courses) <input type="checkbox"/> PE10/Band/Choir (1419) ( 2 courses)	<input type="checkbox"/> Social 10-1F (1770)	<input type="checkbox"/> Math 10CF (1790) <input type="checkbox"/> Math 10CFAP (1789) <input type="checkbox"/> Math 10-3 (1793) <input type="checkbox"/> Math Competencies 15 (1795) (must also select Math10CF)

**PLEASE NUMBER IN ORDER OF PREFERENCE (1, 2) THE APPROPRIATE NUMBER OF OPTIONS TO TOTAL 8 FULL COURSES**

**COMPLEMENTARY COURSE SELECTION**

— Art 10 (1400)  
 — Choral Music 10 (1420)  
 — Communication Technology 10 (1029)  
 — Computing Science 10 (1817)  
 — Construction 10 (1810)  
 — Dance 15 (1413)  
 — Design Studies 10 (1806)

— Drama 10 (1410)  
 — Enterprise and Innovation 10 (1820)  
 — Fashion Studies 10 (1801)  
 — Financial Management 10 (1815)  
 — Foods 10 (1800)  
 — Mechanics 10 (1813)

— Sculpting 15 (1067)  
 — Spanish 10 (1345)  
 — Sports Performance 10 (1446)  
 — Sports Medicine 10 (1306)  
 — Strings 10 (1424)  
 — Yoga 15/25 (1449)

**ALTERNATE COURSES:**

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

*Every effort will be made to provide students with their first choice complementary course. Alternate courses are often required as courses may be oversubscribed, cancelled or in conflict with a required course*

To be completed by teacher:

☐ IPP \_\_\_\_ Code \_\_\_\_

☐ ELL \_\_\_\_ Level \_\_\_\_

Student Signature

Parent Signature