



First Name: _____

Last Name: _____

Student Number: _____

Current Middle School: _____

GRADE 9 FRENCH IMMERSION Course Planning 2026 / 2027

8 Courses (6 required, 2 Electives+ 2 Back-ups)

REQUIRED	<input checked="" type="checkbox"/> English 9
REQUIRED	<input checked="" type="checkbox"/> Français Langue 9
REQUIRED	<input checked="" type="checkbox"/> Mathematics 9
REQUIRED	<input checked="" type="checkbox"/> Sciences Naturelles 9
REQUIRED	Physical Education: Select 1 <input type="checkbox"/> Physical and Health Education 9 or <input type="checkbox"/> Physical and Health Education: Fit for Life 9
REQUIRED	<input checked="" type="checkbox"/> Sciences Humaines 9
ELECTIVE	Use a "1" to indicate your second choice below
ELECTIVE	Use a "2" to indicate your third choice below
BACKUP	Use a "3" to indicate your backup choice below
BACKUP	Use a "4" to indicate your backup choice below

<p>Home Economics</p> <input type="checkbox"/> Food Studies 10 <input type="checkbox"/> Family and Society 10 Either: <input type="checkbox"/> Introductory Textiles 10 OR <input type="checkbox"/> Intermediate Textiles 10 <p>Information & Communications Technology</p> <input type="checkbox"/> Computer Studies 10 <input type="checkbox"/> Intro to Robotics 10 <p>Arts Education</p> <input type="checkbox"/> Drama 9 <input type="checkbox"/> Visual Art 9 <input type="checkbox"/> Dance Foundations 10 <input type="checkbox"/> Dance Technique & Performance: Street Styles 10 <input type="checkbox"/> Dance Company: Classical Styles 10 <input type="checkbox"/> Media Arts 10 – Media Broadcasting	<p>Technology Education</p> <input type="checkbox"/> Autobody 10 <input type="checkbox"/> Power Mechanics 10 <input type="checkbox"/> Metalwork 10 <input type="checkbox"/> Woodwork 10 <input type="checkbox"/> Junior Art Metal 10 <input type="checkbox"/> Skills Exploration 10 <p>Business Education</p> <input type="checkbox"/> Marketing 10 <p>Second Languages</p> <input type="checkbox"/> Spanish 9	<p>Career Education & Personal Development</p> <input type="checkbox"/> Yoga for Mindfulness 10 <p>Music</p> <input type="checkbox"/> Music 9: Concert Band <input type="checkbox"/> Guitar 10
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Optional - *Outside the timetable (before school, lunch or after school):
Place a check mark in the boxes next to the course(s) you want to select.

<input type="checkbox"/> Choral Music 10: Concert Choir	<input type="checkbox"/> Musical Theatre 10
<input type="checkbox"/> Contemporary Music 10: Instrumental (R&B)	<input type="checkbox"/> Leadership 9 (priority given to 10/11/12)
<input type="checkbox"/> Choral Music: Vocal Jazz 10	<input type="checkbox"/> Athletic Leadership 10 (priority given to 10/11/12)
<input type="checkbox"/> Instrumental Music: Jazz Band 10	
<input type="checkbox"/> Instrumental Music: Orchestra 10 (Strings, woodwinds, brass, and percussion)	

Student Signature: _____ Parent Signature: _____