

# **Student Registration Documentation Requirements**

All families registering in a Winnipeg School Division School should bring the following required documents to the school as part of the registration process. Applications cannot be processed without these documents.

| proc | essed without these documents.   |
|------|--|
|      | Proof of child's age and legal name (provide one of the following):  |
|      | Birth certificate or certificate of live birth   |
|      | Treaty card  |
|      | Passport (along with proof that the birth certificate has been applied for)  |
|      | Official letter from an assistance agency or receipt from Vital Statistics showing the application has been made       |
|      | <b>Proof of residency (provide one of the following):</b>  |
|      | Property tax assessment (for primary residence ONLY)   |
|      | Accepted offer to purchase   |
|      | Rental/lease agreement   |
|      | Child tax benefit statement with address (if rental agreement is unavailable)  |
|      | Health insurance   |
|      | Manitoba heath card with your child's 9 digit number listed  |
|      | Out of province medical card with proof Manitoba health has been applied for   |
|      | For refugees please see below  |
|      | Custody/Guardianship documents (if applicable)   |
|      | Court order document signed by a judge   |
|      | Child in Care form   |
|      | Protection orders for anyone legally prohibited from being near the student  |
|      | For alternative care arrangements please contact the Enrolment Section of the Winnipeg School Division                 |
|      | Permanent residents (if applicable)  |
|      | Confirmation of permanent residence document   |
|      | Permanent resident card  |
|      | Refugees (if applicable)   |
|      | Refugee protection claimant document   |
| 百    | Acknowledgement of claim and notice to return for interview (issued within the last                                    |
| _    | calendar year)   |
|      | All refuges are covered under IFHP (Interim Federal Health Program). This will be listed on their immigration document |
|      | Report Card  |
|      | Most recent report card  |
| 一    | Grade 10 -12 transcript (if documents are in a language other than English, you  |

must provide the documents in the original language, as well as a certified/

notarized literal English translations).

The names listed in the Winnipeg School Division's student information system are what is listed on the student's final transcript. If the name on the student's transcript is not their legal name this can cause problems for the student in the future due to inaccurate documents.

Per the Public Schools Act residency is based on the legal guardian's primary residence. The Winnipeg School Division requires one of the documents listed on this form as proof of primary residence.

In the event of an emergency it is important that this information is correct so it can be given to medical professionals and there is no delay in your child's treatment.

Legal guardianship requires additional documentation from a court or agency.

All names on the required documents must be the same. If different, please provide legal documentation showing the name change.

If there is any change to your immigration status after registration, please inform the school.

If you are unable to provide the school the requested documents please contact the Enrolment Section of the Winnipeg School Division 204-775-0231.

Updated: January 19, 2023



| Entry Date: |                    |
|-------------|--------------------|
|             | Day / Month / Year |

#### STUDENT APPLICATION FOR REGISTRATION & CONSENTS

| SCHOOL: GRANT PARK HIGH SCHOOL  |                  | STUDE                              | NT #:                       |                 |
|---|------------------|------------------------------------|-----------------------------|-----------------|
| GRADE: <u>12</u> ROOM: PROGR  | ам <b>C</b> ode: | MET #                              | t:                          |                 |
| RESIDENT:  YES  NO CATCHMENT:   | YES NO           | Move                               | - EFFECTIVE DATE: _         |                 |
| STUDENT INFORMATION   |                  |                                    |                             |                 |
| Legal Names: Last Name  |                  |                                    |                             |                 |
| First Name Middle   | Name             | Name                               | Known by                    |                 |
| Birthdate: Sex: Female <b>[</b>   | ☐ Male ☐         | Country of Birth: Cana             | ada $\square$ $\mathit{or}$ |                 |
| Preferred gender (choose one if applicable): Trans Pe                         | erson 🗖 Two-     | Spirit 🗖 Gender no                 | on-conforming               |                 |
| If not a Canadian Citizen, please indicate:                                   |                  |                                    |                             |                 |
| Date Entered Canada:  |                  |                                    |                             |                 |
| Permanent Resident☐ Government Assisted Re                                    |                  |                                    |                             |                 |
| Languages spoken at home: English: Yes ☐ No                                   |                  |                                    |                             |                 |
| Current or Last School Attended:  |                  | City/Town/Pro                      | ov:                         |                 |
| STUDENT ADDRESS   |                  |                                    |                             |                 |
| Apt. No./Street No./Street  |                  |                                    |                             |                 |
| Postal Code Home Phone _  |                  | Unlisted St                        | udent Lives on Ov           | /n: Yes ☐ No ☐  |
| PARENT/LEGAL GUARDIAN AND CONTACT INFORMA                                     |                  |                                    |                             |                 |
| Parent, Legal Guardian or Alternate Contact                                   |                  |                                    |                             |                 |
| Last Name   |                  | First Name                         |                             |                 |
| Relationship to Student   |                  |                                    |                             |                 |
| Enter address and home phone if different from stud                           |                  | ·                                  |                             |                 |
| Address   |                  |                                    | Postal Code_                |                 |
| Home Phone□Unlisted   |                  |                                    |                             |                 |
| Email   |                  |                                    |                             |                 |
| Parent, Legal Guardian or Alternate Contact                                   |                  |                                    |                             |                 |
| Last Name   |                  | First Name                         |                             |                 |
| Relationship to Student   |                  |                                    |                             |                 |
| Enter address and home phone if different from stud                           |                  |                                    |                             |                 |
| Address   |                  |                                    | Postal Code                 |                 |
|   |                  | ext                                |                             |                 |
| Email   |                  | er                                 |                             |                 |
| Parent, Legal Guardian or Alternate Contact                                   |                  |                                    |                             |                 |
| Last Name   |                  | First Name                         |                             |                 |
| Relationship to Student   |                  |                                    |                             |                 |
| Enter address and home phone if different from stud                           |                  | vitil les 🗖 No 🗖 / Sta             | ident Also Lives W          | itii les 🗖 No 🗖 |
| Address   |                  |                                    | Postal Code                 |                 |
| Home PhoneDUnlisted   |                  |                                    |                             |                 |
| Email   |                  | eroxt                              |                             |                 |
| LEGAL CUSTODY Please provide documentation as necess                          |                  |                                    |                             |                 |
|   | _                | ¬                                  | Other $\square$             |                 |
| Joint* ☐ Mother ☐ Father ☐<br>*Joint Custody refers to those parents who have |                  | <b>o</b> ,                         | Other $\square$             |                 |
| SIBLINGS Pre-School/School Age  | 5 1710 000       |                                    |                             |                 |
| Name  | Birthdate        | Sex School                         |                             |                 |
|   |                  | Female ☐ Male ☐                    |                             |                 |
|   |                  | Female □ Male □<br>Female □ Male □ |                             |                 |

| ADDITIONAL CONTACT INFORMATION                 |                       |   |                      |                         |   |
|--|-----------------------|---|----------------------|-------------------------|---|
| Emergency Contact (if parent/guardian ca       | nnot be reached)      |   |                      |                         |   |
| Last Name                                      |                       | First Nam                               | ne                   |                         |   |
| Relationship to Student                        |                       | Student L                               | ives with Yes 🗖      | No □                    |   |
| Home Phone                                     | Unlisted              | Work Phone                              | ext                  | Cell                    |   |
| Medical Information                            |                       |   |                      |                         |   |
| MB (9 digit) Personal Health ID No:            |                       |   |                      |                         |   |
| Health Concerns/Allergies:                     |                       |   |                      |                         |   |
| Additional Health Concerns P                   | lease indicate (v     | () all health care nee                  | eds that apply to    | our child:              |   |
| ☐ Anaphylaxis: Life-thre                       | eatening allergy      | (child is prescribed                    | an EpiPen) A lette   | er and additional for   | m will be                               |
| provided                                       |                       |   |                      |                         |   |
| ☐ Asthma: (administrat                         | ion of medication     | on by inhalation) A le                  | etter and additior   | nal form will be prov   | ided.                                   |
| ☐ Bleeding Disorder                            |                       |   |                      |                         |   |
| ☐ Cardiac Condition                            |                       |   |                      |                         |   |
| ☐ Clean Intermittent Ca                        |                       |   |                      |                         |   |
| ☐ Diabetes: Type 1 or T                        |                       |   |                      |                         |   |
| ☐ Gastrostomy Feeding                          | •                     | a diagonal                              |                      |                         |   |
| ☐ Osteogenesis Imperfo☐ Ostomy Care            | ecta (brittie bon     | ie disease)                             |                      |                         |   |
| ☐ Pre-set Oxygen                               |                       |   |                      |                         |   |
| ☐ Seizure Disorder                             |                       |   |                      |                         |   |
| ☐ Steroid Dependent C                          | ondition              |   |                      |                         |   |
| ☐ Suctioning (oral and/                        |                       |   |                      |                         |   |
| ☐ My child is receiving W                      | •                     | Division transportati                   | ion to and from so   | chool.                  |   |
| ☐ My child does not have any o                 |                       | ·                                       |                      |                         |   |
| If you have checked any of the above health ca | ire needs, the school | ol will provide you with a              | Unified Referral and | Intake System (URIS) Ap | plication.                              |
| The URIS application will then be submitted to | the Winnipeg Region   | onal Health Association (               |                      |                         |   |
| be provided and an individual health care plan | put in place as nee   | ded.                                    |                      |                         |   |
| Application for the Use of the Online          | Information Re        | sources in the Winn                     | ipeg School Divis    | <u>ion</u>              |   |
| To the Student: I understand and abid          | de hy the Divisio     | on Policies, and annli                  | cable legislation f  | or the responsible (    | ise of                                  |
| technology (Division/personal devices          | •                     | • | -                    | •                       |   |
| networks. <i>To student 16 years and old</i>   | •                     |   |                      |                         | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| To the Parent: As the parent/guardian          | -                     |   | ccess is designed    | for educational pur     | poses as                                |
| set out by the Winnipeg School Division        |                       |   | _                    |                         | -                                       |
| access to all technologies and Division        | •                     |   | ,                    | •                       |   |
| ☐ I consent to allowing my chil                | d to have access      | s to all technologies                   | and social media     |                         |   |
| ☐ I do not consent to allowing                 |                       |   |                      | media                   |   |
| Ancestral / Cultural Identification and        |                       |   |                      |                         |   |
| Providing this personal ancestral/cultu        |                       |   |                      | page                    |   |
| What is the student's ancestral or cult        |                       |   |                      |                         |   |
|  | -,, 0 -               |   |                      |                         |   |
|  |                       |   |                      |                         |   |
| ◆ SIGNATURE OF PARENT/GUARDIAN OR A            | ADULT STUDENT:        |   |                      |                         |   |
| •  |                       |   | D                    | ATE:                    |   |



## **Aboriginal Identity Declaration EIS Data Collection**

Aboriginal Identity Declaration helps to support the efforts of Manitoba Education and Training and school divisions to plan and improve programs in a way that is responsive to Aboriginal learners.

(Providing this personal information is voluntary and optional. It is being collected in compliance with section 36(1)(b) of The Freedom of Information and Protection of Privacy Act as it is necessary for and relates directly to the activity of Manitoba and school divisions to plan, deliver and improve programs.)

| 1. l,                    | (name of parent/guardian, please print clearly):   |
|--------------------------|--|
| ☐ Am submi               | tting my child's Aboriginal Identity Declaration for the first time.   |
| ☐ Am makin               | g changes to my child's Aboriginal Identity Declaration.   |
| Already su<br>this time. | bmitted my child's Aboriginal Identity Declaration and have no further changes to make a   |
| •                        | original person, that is, First Nation (North American Indian), Métis, or Inuk (Inuit)?<br>s (North American Indian) include Status and Non-Status Indians |
|                          | s (North American indian) include status and Non-Status indians square(s) that best describe(s) your child now:  |
| ☐ Yes, First I           | Nation (North American Indian)   |
| Yes, Métis               |  |
| ☐ Yes, Inuk (            | Inuit)   |
| . Which best descri      | pes your child's Aboriginal cultural-linguistic identity? Please select up to two choices:   |
| ☐ Anishinaa              | oe (Ojibway/Saulteaux)   |
| ☐ Dene (Say              | isi)   |
| ☐ Oji-Cree               |  |
| ☐ Inuktitut              |  |
| $\square$ Ininiw         |  |
| ☐ Dakota                 |  |
| $\square$ Michif         |  |
| ☐ Other – pl             | ease specify:  |
|                          |  |
| arent/Guardian Signa     | ature Date   |

#### **Informed Consent-Students**

**Attention Parents/Guardians/Adult Students:** Please complete and return this form to the school as soon as possible. This information will be kept on file for reference throughout the school year.

| Student Nar                | Name:   | School: GRANT PARK HIGH SCHOOL  |
|----------------------------|---|---|
| Our<br>stud<br>follo       | ish or Display Student Work  ur school would like to share information and communicate with parents/ udents and student work or activities in a variety of publications and/or Div llowing are examples only and not meant to be an inclusive list of how stude shown:  | ision organized or sponsored event. The   |
| •                          | students and their displays during school sponsored open houses, professional d<br>students in other school related activities held at the school, school division sites<br>events;   |   |
| •                          | division publications, or school publications, which are posted to the school or Wiwebsite;   | innipeg School Division controlled  |
| •                          | or posting or publishing on the school or Winnipeg School Division controlled soc   | ial media platforms.  |
|                            | ease note: Video and photographs of students posted to the school or Wi<br>ebsites and Winnipeg School Division controlled social media platforms n   |   |
| <u>Ple</u>                 | Please indicate your choice below:  |   |
| grad<br>spor<br>stud       | <b>GIVE CONSENT</b> to Winnipeg School Division to publish or show my child's, or rade, school and samples of my or my child's work in various publications, at a ponsored events, and/or on Winnipeg School Division websites and social meditudents posted to the school or Winnipeg School Division controlled websites are tudents by name. | Winnipeg School Division organized or a platforms. I understand that photographs of |
| pho                        | <b>DO NOT GIVE CONSENT</b> to Winnipeg School Division to publish or show my c hotographs, name, grade, school and samples of my or my child's work in varioponsored events.  |   |
| 2. Media                   | ia  |   |
| by i                       | lany positive things take place in our schools and we would like to share th<br>y inviting journalists and other members of the media to visit our schools. F<br>llowed at schools only with <b>the</b> permission <b>of</b> the <b>principal or vice-principa</b>  | hotographs, videotaping or interviews are   |
| Plea                       | lease indicate your choice below:   |   |
|                            | CONSENT to my child (or myself as an adult student) being photographed, nedia.  | videotaped/recorded or interviewed by the   |
|                            | <b>DO NOT CONSENT</b> to my child (or myself as an adult student) being photerviewed by the media.  | otographed, videotaped/recorded or  |
| 3. Emails                  | ils   |   |
|                            | he electronic distribution of newsletters, school updates and announc ctivities, including fundraising and promotions.  | ements regarding division and school  |
|                            | <b>CONSENT</b> to receive information in the form of newsletters, school update and school activities, including fundraising and promotions.  | es and announcements regarding division   |
|                            | <b>DO NOT CONSENT</b> to receive information in the form of newsletters, schegarding division and school activities, including fundraising and promotions.  | hool updates and announcements  |
| Parent/Gua                 | uardian or Adult name (please print):   | Date:   |
| <ul><li>Signatur</li></ul> | ture of Parent/Guardian or Adult Student:   |   |
|                            | ote: Should circumstances change during the school year, you may change g the school principal in writing.  | your consent at any time by   |

#### LIVE STREAMING STUDENT PERMISSION FORM

In Winnipeg School Division, Live Streaming refers to the broadcasting of live lessons in real time where students are present in the classroom as well as students learning from home.

Through this model teachers will be providing live streaming experiences both in real time or through a recording, which may be posted on the learning platform for other students to view.

Due to the special nature of live streaming activities, parents/guardians must consent to their child being photographed, videotaped, or recorded as part of the classroom learning activities. During live streaming lessons the webcam in your home should be positioned in such a way that it only captures your child's image when they are participating in the live streaming lesson.

such

| as Seesaw, Goog<br>addition, I give pe | <b>Dermission</b> , during this school year, to participate in live streaming activities on platforms such gle Suite/Meets, and Microsoft Office 365/Teams to address curricular outcomes. In rmission for my child's voice and image to be transmitted and viewed for the purpose of learning ssroom and home environment. |
|--|---|
| ☐ I do not give my o                   | child permission, during this school year, to participate in live streaming activities.   |
| Student Name                           | (please print clearly)  |
| Parent or Guardian                     | (please print clearly)  |
| Parent or Guardian                     | Signature   |
| Date                                   |   |



### GRANT PARK HIGH SCHOOL GRADE 12 ENGLISH PROGRAM 2023 - 2024

**APPLICATION DUE: March 3, 2023** 

| Student Las Student No.             |  | Legal First                         | Name:  |
|-------------------------------------|--|-------------------------------------|--|
|                                     |  | ust complete a t                    | otal of 30 gradite. Grade 12 students must register  |
| for at least 6 cre<br>requirements. | edits. Students and parent(s)/guardian(s) a<br>Students are timetabled with the understand | re responsible to ding that they ha | otal of 30 credits. Grade 12 students must register of ensure that they are meeting graduation we obtained the prerequisite courses for their of to see a counsellor to make the necessary |
| -                                   | ompulsory Courses  |                                     |  |
|                                     | / courses you maybe missing  |                                     |  |
| ENGR2F                              | English 20F+   | One or more o                       | f:<br>Essential Math 20S+  |
| ENGE2F                              | English Adv. 20F+  | IAPR2S<br>or                        | Intro. To Applied/Pre-Calculus 20S+  |
| ENGC3S                              | English Comprehensive  | IAPE2S                              | Intro. To Applied/Pre-Calculus Adv. 20S+   |
| ENGE3S                              | English Literary Adv. 30S+   | One or more o                       |  |
| GEOR2F                              | Geography 20F+   | APMR3S<br>ESMR3S                    | Applied Math 30S+<br>Essential Math 30S+   |
| or<br>GEOE2F                        | Geography Adv. 20F+  | PCMR3S<br>or                        | Pre-Calculus Math 30S+   |
|                                     |  | PCME3S                              | Pre-Calculus Math Adv. 30S+  |
| HISR3F<br>or                        | History 30F  |                                     |  |
| HISE3F                              | History Adv. 30F+  |                                     |  |
| PHER2F<br>or                        | Physical/Health Education 20F+   |                                     |  |
| PHER3F                              | Active Health Lifestyles 30F+  |                                     |  |
| PHEW3F                              | Active Healthy Lifestyles - Online 30F+  |                                     |  |
| SCIR2F                              | Science 20F+   |                                     |  |
| SCIE2F                              | Science Adv. 20F+  |                                     |  |
| Grade 12 Co<br>Please X you         | ompulsory Courses - 3 Credits ur choices   |                                     |  |
| PHER4F                              | Active Healthy Lifestyles 40F+   | APMI                                | R4S Applied Mathematics 40S+   |
| or                                  | (Required to graduate)   | ESMI                                | R4S Essential Math 40S+  |
| PHEW4F                              | Active HealthyLifestyles - Online 40F+   | PCMI                                | R4S Pre-Calculus Math 40S+   |
|                                     | (Required to graduate)   | or                                  |  |
|                                     |  | PCMI                                | E4S Pre-Calculus Math Adv. 40S+  |
| ENGC4S                              | English Comprehensive Focus 40S++ (First English Credit)                                   |                                     |  |
| ENLP4S                              | English Comprehensive AP 42+   |                                     |  |
| and recommen                        | ided 2nd English Credit  |                                     |  |
| ENGL4S                              | English Literary Focus 40S+  |                                     |  |
| or<br>ELIP4S                        | English Literary Focus AP 42S+   |                                     |  |
|                                     |  |                                     |  |

(Students must have a minimum of 5 credits at the Grade 12 level to graduate).

(See option courses on the next page)

|                    | ould choose 3 option cour<br>ould also choose two alter |                  |                                    |                  | nrolment, therefore,                               |
|--------------------|---|------------------|------------------------------------|------------------|--|
| POMR2G             | Automotive Technology 20G                               | DAMR2S           | Drama 20S (Film Focus)             |                  |  |
| POMR3G             | Automotive Technology 30G+                              | DAMR3S           | Drama 30S+ (Film Focus)            | LAWR4S           | Law 40S  |
| POMR4S             | Automotive Technology 40S+                              | DAMR4S           | Drama 40S+ (Film Focus)            |                  |  |
|                    | 3,  | _                | ,                                  | LWPR2S           | Life/Work Planning 20S                             |
| BIOR3S             | Biology 30S (must have                                  | DIMR2S           | Drama Improv 20S                   | LWBR3S           |  |
| <del></del>        | SCIR2F)   | DIMR3S           | Drama Improv 30S+                  | LWTR4S           | _  |
| BIOE3S             | Biology Adv. 30S+                                       | DIMR4S           | Drama Improv 40S+                  | <del></del>      | _  |
| BIOR4S             | Biology 40S+  |                  |                                    | METR2G           | Metalwork Technology 20G                           |
| BIOP4S             | Biology AP 42S+   | DAMR2S           | Drama 20S (Theatre/                | METR3G           | Metalwork Technology 30G                           |
|                    |   |                  | Acting/Focus)                      | METR4S           | Metalwork Technology 40G                           |
| CAAP4S             | Calc-AB/AP 42S+   | DAMR3S           | Drama 30S (Theatre/                |                  |  |
| CABP4S             | Calculus 42S+   | _                | Acting/Focus)                      | PHYR3S           | Physics 30S+                                       |
|                    | 33  | DAMR4S           | Drama 40S (Theatre/                | PHYE3S           | Physics Adv. 30S+                                  |
| These 2 cour       | rses must be taken together.                            | _                | Acting/Focus)                      |                  | PHYR4S   |
| 2 credits a        | re awarded.   |                  |                                    |                  |  |
| OUEDOO             | 01 : 1 : 000 :  | ENSP4S           | Environmental Science              | PH1P4S           | Physics AP 42S+                                    |
| CHER3S<br>CHEE3S   | Chemistry 30S+  |                  | Adv. 42S+                          | PSYR4S           | Psychology 40S                                     |
| — CHEE3S<br>CHER4S | Chemistry Adv. 30S+<br>Chemistry 40S+                   | HISP4S           | European History AP 42S+           | PSYE4S           | Psychology Enriched 40S                            |
| CHEP4S             | Chemistry Adv. 42S+                                     |                  | European Flictory 7 ti 120 f       | PSYP4S           | Psychology AP 42S+                                 |
| <del></del>        | •   | FSTR3S           | Family Studies 40S                 | <del></del>      |  |
| COSR2S             | Computer Science 20S                                    |                  |                                    | MGUR2S           |  |
| COSR3S             | Computer Science 30S+                                   | FNUR4S           | Food & Nutrition 40S               | MGUR3S           |  |
| COSR4S             | Computer Science 40S+                                   | FDFDAF           | Franch 205:                        | MGUR4S           | S Singing/ Songwriter 40S+                         |
| CSAP4S             | Computer Science AP 42+                                 | FRER2F<br>FRER3S | French 20F+<br>French 30S+         | SPAR3S           | Spanish 30S  |
| MCBR2S             | Concert Band 20S+                                       | FRER4S           | French 40S+                        | SPAR4S           |  |
| MCBR3S             | Concert Band 30S+                                       |                  |                                    |                  |  |
| MCBR4S             | Concert Band 40S+                                       | GEOR4S           | Geography 40S+                     | TADR4S           | Textile Arts & Design 40S                          |
| MCCR2S             | Concert Choir 20S                                       | GLIR4S           | Global Issues 40S+                 | DTHR4S           | Theatre Production 40S                             |
| MCCR3S             | Concert Choir 30S+                                      |                  |                                    |                  |  |
| MCCR4S             | Concert Choir 40S+                                      | GRAR2G<br>GRAR3G | Graphics 20G                       | VIAR2S<br>VIAR3S | Visual Arts 20S<br>Visual Arts 30S+                |
| CTIR4S             | Current Topics in First                                 | GRAR3G<br>GRAR4S | Graphics 30G+<br>Graphics 40S+     | VIAR3S<br>VIAR4S | Visual Arts 40S+                                   |
| 011140             | Nations, Métis, and Inuit                               | 01011140         | Grapinos 400.                      | ٧//(١٩٥          | Visual / IIIS 400 ·                                |
|                    | Studies 40S   | CTSR3S           | Horticulture 30S                   | WOOR20           | G Woodwork Technology 200                          |
|                    |   | <del></del>      |                                    | WOOR30           | G Woodwork Technology 300                          |
| DANR2S             | Dance 20S   | HECR4S           | Human Ecology 40S                  | WOOR49           | S Woodwork Technology 40S                          |
| DANR3S             | Dance 30S+  |                  |                                    |                  |  |
| DANR4S             | Dance 40S+  |                  |                                    |                  |  |
| Special Inte       | erest Courses   |                  |                                    |                  |  |
| -                  | ng are special interest cour                            | ses and may l    | he chosen in addition to or        | r instead of v   | our 3 option courses                               |
|                    | ese courses take place out                              |                  |                                    | motoda c. y      | cai o opacii ocai coci                             |
|                    | or courses take place out                               | ordo rogarar o   |                                    |                  |  |
| DFHR2S             | Digital Film Making 25S<br>(Independent Study)          | MJBR2S<br>MJBR3S | Jazz Band 20S AF<br>Jazz Band 30S+ |                  | pplied Technology 40S+<br>Please see a counsellor) |
| IMHR3S             | Interactive Media 35S                                   | MJBR4S           |                                    | `                | enior Years Apprentice Option                      |
|                    | (Independent Study)                                     | _                | <del>_</del>                       | (F               | Please see a counsellor)                           |
|                    | rses must be taken together.                            | MUIR2S           |                                    |                  | olunteer Credit 41G                                |
| 1                  | credit is awarded.                                      | MUIR3S<br>MUR4S  | Musical 30S+<br>Musical 40S+       | (H               | Please see a counsellor)                           |
|                    |   | <del></del>      |                                    |                  |  |
| Please se          | ee the guidance department f                            | or Special Lang  | guage Credit information.          |                  |  |
| +require           | s a prerequisite course                                 |                  |                                    |                  |  |
| -                  | ve any questions, please cont                           | act Student Se   | rvices at 204-452-3112 ext. 5      | 575 to speak t   | o a counsellor.                                    |
| -                  |   |                  |                                    | •                |  |
| D-=t/C             | dian Signatura:   | C+ı              | udont Signaturo:                   |                  | Data:  |

**Grade 12 Option Courses**