# Jean Vanier Catholic High School <br> 2019/2020 Course Selection Form Grade 9 

To secure your course selections please submit this form along with your registration package By February 22nd, 2019
NAME: $\qquad$
Last (Please Print)
First
Middle
Phone Number

Elementary School: $\qquad$ Grade 8 Teacher: $\qquad$ I.E.P: Y N


○ I would like to be considered for the iCan Math program. (see reverse)

Please choose 1 Elective Course and 1 Alternate Elective Course.


Your signature below also indicates that you understand the selections made above and that YOU CONSENT TO THE CHOICES. If you wish further information please contact the Guidance Office (445-2043) for clarification or arrange a visit with a guidance counsellor.

## Student Signature

Parent/Guardian Signature
Date

Grade 8 Teacher Signature

