



Paul Kane Grade 10 Course Requests

LAST NAME _____ FIRST NAME _____ Current Progress Report attached

Parent e-mail _____ Parent Cell _____ Jr. High School _____

All course offerings are subject to enrollment

CORE COURSES		
Current Grade 9 Marks	Pre-requisite	Selection
		● Please bubble in clearly
LA 9	<input type="text"/> % Less than 60% → 60% and above → 75% and above →	<input type="radio"/> English 10-2 <input type="radio"/> English 10-1 <input type="radio"/> English 10-1AP <input type="radio"/> ESL (English Language Learners)
MATH 9	<input type="text"/> % Less than 55% → 55% - 65% → 65% - 80% → 75% and above → 60% and above →	<input type="radio"/> Math 10-3 (only offered in English) <input type="radio"/> Math 10C Foundations <input type="radio"/> Math 10C Pre-Calculus <input type="radio"/> Math 10C AP <input type="radio"/> French Math 10C <input type="radio"/> Math PLUS (extra Math 10C support)
SCIENCE 9	<input type="text"/> % Less than 60% → 60% Science & Math → 75% and above → 60% Science & Math →	<input type="radio"/> Science 14 (only offered in English) <input type="radio"/> Science 10 <input type="radio"/> Science 10 AP <input type="radio"/> French Science 10
SOCIAL 9	<input type="text"/> % Less than 60% → 60% and above → 75% and above → Less than 60% → 60% and above →	<input type="radio"/> Social 10-2 <input type="radio"/> Social 10-1 <input type="radio"/> Social 10-1 AP <input type="radio"/> French Social 10-2 <input type="radio"/> French Social 10-1
FLA 9	<input type="text"/> % Less than 60% → 60% and above →	Immersion Students only <input type="radio"/> French Language Arts 10-2 <input type="radio"/> French Language Arts 10-1 <input type="radio"/> PE 10 (Girls) <input type="radio"/> PE 10 (Boys) <input type="radio"/> CALM

ELECTIVES - Number your requests from 1 - 6		
Number 1-6		Credits
_____	French 10	5
_____	Japanese 10	5
_____	Spanish 10	5
_____	Chinese (Mandarin) 10	5
_____	Fitness 10	3
_____	Yoga 15	3
_____	CrossFit 20 (prerequisite is PE 10)	3
_____	Sports Medicine 10	3
_____	Art 10	5
_____	Drama 10	5
_____	Advanced Acting 15	5
_____	Musical Theatre 15 (after school)	5
_____	Technical Theatre 15	3
_____	Technical Theatre 15	5
_____	Set Construction 10	3
_____	Choral Music 10	3
_____	Instrumental Music 10	5
_____	Rock & Pop 15	5
_____	Foods 10	5
_____	Fashion Studies 10	3
_____	Fashion Studies 10	5
_____	Cosmetology 10	5
_____	Communication Technology 10	3
_____	Computer Graphics 10	3
_____	Design Studies 10	3
_____	Robotics 10	3
_____	TV Arts 10	3
_____	Con. & Fabrication 10	3
_____	Con. & Fabrication 10	5
_____	Financial Management 10	3
_____	Legal Studies 10	3
_____	Personal Psychology 20	3
_____	Study of Film 35	3
_____	Paleontology 15	3
_____	Wildlife 10	3

PRINT NAME OF STUDENT: _____

GRADE: _____

Notification of Use of Personal Information and Copyright Permission Freedom of Information and Protection of Privacy Act (FOIP)

The full Notification of Use document can be found on our website at

www.pkhs.spschools.org/foip-notification?id=793

_____ I give permission to the school to allow my son/daughter to participate in promoting student achievements and activities in public venues, to allow his/her work to be showcased both in the school and in the community, and to be interviewed, photographed and/or videotaped for school related activities. It is my understanding that this promotion can be done by the school, the Board or other outside agencies (e.g. Television stations, local newspapers, etc.) for non-profit educational purposes.

_____ I have read the Registration Form and understand how the information may be used. I affirm that the information provided on the Registration Form is complete and correct.

_____ No, I would like to decline consent.

Parent Signature _____ Date _____

Student Acceptable Use of Technology Agreement (Gr. 7-12)

The full Student Acceptable Use of Technology Guidelines and Agreement documents can be found on our website at

<http://pkhs.spschools.org/acceptable-use-of-technology/?id=793>

School _____ Student ID# _____

Student Name _____ Grade _____

Student Section

I have read the Acceptable Use of Technology Agreement. I agree to follow the rules and expectations contained in this agreement. I understand that if I violate the agreement, my account can be terminated and I may face other disciplinary measures. I understand that my computer and network use may be monitored at any time.

Student Signature _____ Date _____

Parent Endorsement (Grades 7 - 12)

I have reviewed this document and each paragraph with my child. I have discussed the importance of this agreement with my child. I understand that computer access is for educational purposes. I will instruct my child regarding acceptable use, including that which is set forth in the Acceptable Use of Technology Agreement. I will emphasize to my child the importance of following the rules for personal safety. I understand that my child's computer and network use may be monitored at any time. I understand that some materials on the Internet may be objectionable, and that my child may manage to access those materials despite efforts of the District and its staff. I hereby release St. Albert Public Schools and its personnel from any and all claims and damages arising from my child's use of, or inability to use, the St. Albert Public Schools' computer systems.

I give permission to allow internet access for my child and certify that the information contained in this form is correct.

Parent/Guardian Name _____ Date _____

Parent Signature _____ Phone _____