

I am definitely returning	<input type="checkbox"/>
I am probably returning	<input type="checkbox"/>
I am probably leaving	<input type="checkbox"/>
I am definitely leaving	<input type="checkbox"/>

Please  
tick one  
box

**Name:** \_\_\_\_\_

**Tutor Group:** \_\_\_\_\_

10

## EDGECUMBE COLLEGE 2011

### COURSE SELECTION YEAR 9 → YEAR 10



Please follow the instructions. Each box should have a subject choice in it. Use the Year 10 Course Selection Booklet 2011 to help select your subjects

Students must study from every essential learning area	
<p><b>Compulsory</b> <i>You must study each of these subjects</i></p> <ul style="list-style-type: none"> <li>• English</li> <li>• Mathematics</li> <li>• Science</li> <li>• Social Studies</li> <li>• Physical Education</li> <li>• Health</li> <li>• Career Education</li> </ul>	<p><b>Section A</b> <b>Arts</b> <i>Choose <u>one</u> from:</i></p> <ul style="list-style-type: none"> <li>• Drama</li> <li>• Graphics Design</li> <li>• Maori Performing Arts</li> <li>• Music</li> <li>• Visual Art</li> </ul> <input type="text"/>
<p><b>Section B</b> <b>Technology:</b> <i>Choose <u>one</u> from:</i></p> <ul style="list-style-type: none"> <li>• Fabric Technology</li> <li>• Food and Nutrition Technology</li> <li>• Information Technology</li> <li>• Metal Technology</li> <li>• Wood Technology</li> </ul> <input type="text"/>	<p><b>Section C</b> <b>Other subjects</b> <i>Choose <u>one</u> other from Section A or B or those subjects listed below.</i></p> <ul style="list-style-type: none"> <li>• Enterprise Studies</li> <li>• Horticulture</li> <li>• Japanese</li> <li>• Te Reo Maori</li> </ul> <input type="text"/>
<p><b>Backup</b> Choose <u>one</u> more subject from <i>any section (A, B or C)</i>. This is a back up choice in case the subjects you have selected clash. <b>You may have to do this subject so choose carefully</b></p> <input type="text"/>	
<p>Is there a subject that you would like to see offered at Edgcumbe College in Year 10 that at present is not offered?</p> <input type="text"/>	

**Please sign below**

Parent: _____	Home / Cell Phone number: _____
Student: _____	Date: _____
Tutor: _____	Kaitiaki: _____