



Mount Pearl Senior High School

Phone: 364-8456 Fax: 364-7744

www.mpsh.ca

Level II/III - Course Selection School Year 2009 - 2010

Student's Last Name:	First Name:
Street Address:	City/Town:
Mailing Address: (If different from above)	Postal Code:
With whom do you live?	
Mother/Guardian:	Home Phone:
Father/Guardian:	Mom/Dad Cell Phone:
Mother's E-mail Address:	Work #(Mom):
Father's E-mail Address:	Work #(Dad):
MCP#:	Date of Birth: (Day, Month, Year)
School Presently Enrolled:	Gender:

Please indicate any medical condition or allergies that should be placed in the school medical record:

*The credit value of a course is indicated by the second digit in the course number. For example, the course English 1202 is worth two credits but Physical Education 2100 is worth one.

	Course Name	Course Number	Credit Value
1			
2			
3			
4			
5			
6			
7			
8			
9			
	ALTERNATE COURSE SELECTIONS	---	---
10			---
11			---
TOTAL			/14

Parent's/Guardian's Signature _____

Teacher's Signature _____

