Student Name: ____________________________ Date: ________________

### Subjects

1. English
2. Mathematics
3. Science
4. Humanities
5. Health & Physical Education

### Electives

Number the subjects 1-8 in order of preference

<table>
<thead>
<tr>
<th>Agriculture</th>
<th>Art</th>
</tr>
</thead>
<tbody>
<tr>
<td>Design Technologies</td>
<td>Drama</td>
</tr>
<tr>
<td>Industrial Technologies</td>
<td>Multimedia</td>
</tr>
<tr>
<td>Home Economics</td>
<td>Music</td>
</tr>
</tbody>
</table>

Please return this form to the College Office

Student Signature: ____________________________ Date: ________________

Parent Signature: ____________________________ Date: ________________

College Representative: ____________________________ Date: ________________