



# École Secondaire Hugh McRoberts Secondary School

8980 Williams Road, Richmond, BC V7A 1G6 Phone (604) 668-6600

Website: www.mcroberts.sd38.bc.ca

## GRADE 8 COURSE SELECTION – 2026-2027 ENGLISH PROGRAM

(School Use)

Name: \_\_\_\_\_  
(Usual Last Name) (Usual First Name)

Legal Name if different: \_\_\_\_\_

Student Email: \_\_\_\_\_ Student Cell#: \_\_\_\_\_

Gender: \_\_\_\_\_ Birthdate (YYYY/MM/DD): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Parent/Guardian: Parent 1(P1) \_\_\_\_\_ Parent 2(P2) \_\_\_\_\_

(P1): Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Email: \_\_\_\_\_

(P2): Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Email: \_\_\_\_\_

Present Elementary School: \_\_\_\_\_

Other possible school for September: \_\_\_\_\_

(Please explain if you are moving or applying for a transfer, etc.)

### COURSE SELECTION

All Grade 8 students will be enrolled in the following 8 courses (7 required courses and 1 elective course).

#### Required Courses

- |     |             |                               |
|-----|-------------|-------------------------------|
| (1) | MEN--08     | English 8                     |
| (2) | MSS--08     | Social Studies 8              |
| (3) | MSC--08     | Science 8                     |
| (4) | MPHE--08    | Physical & Health Education 8 |
| (5) | PKG--08HETE | Home Ec/Tech Ed 8             |
| (6) | MFR--08     | French 8                      |
| (7) | MMA--08     | Mathematics 8                 |

#### Elective Courses (Circle 1<sup>st</sup> Choice).

- |     |            |         |
|-----|------------|---------|
| (8) | MMU--08BND | Band 8  |
|     | MMU--08CHO | Choir 8 |
|     | MAE--08    | Art 8   |
|     | MDR--08    | Drama 8 |

If the above elective is not available, I will take:

A. \_\_\_\_\_ (2<sup>nd</sup> choice)

or

B. \_\_\_\_\_ (3<sup>rd</sup> choice)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### MUST BE COMPLETED AND INITIALED BY GR. 7 TEACHER

*If this section is not completed, this form will not be processed and sent back to families*

#### ELL – If Applicable

- ☐ Projected ELL Level for Sept 2026: \_\_\_\_\_
- ☐ No ELL required

#### Resource Recommendation – If Applicable

- ☐ Continuation of support
- ☐ No Resource required

Teacher Name: \_\_\_\_\_ TEACHER INITIAL: \_\_\_\_\_

Please hand in this form at your elementary school by Thursday, February 12<sup>th</sup>, 2026.