

# YEAR 10 – 2023 SUBJECT SELECTION

**Student Name:** \_\_\_\_\_ **Class** \_\_\_\_\_

Please select your current subjects

| Semester 1           |                        |                            | Semester 2            |            |                              |
|----------------------|------------------------|----------------------------|-----------------------|------------|------------------------------|
| LINE 1               | LINE 2                 | LINE 3                     | LINE 4                | LINE 5     | LINE 6                       |
| Ancient History      | Legal Studies          | Accounting                 | Chemistry             | Business   | Biology                      |
| Geography            | Music                  | Biology                    | Modern History        | Drama      | Business                     |
| Indonesian           | Technologies - Digital | Technologies - Engineering | Physical Education    | Spanish    | Industrial Technology Skills |
| Physical Education   | Visual Art             | Technologies - Food        | Technologies - Design | Visual Art | Technologies - Food          |
| Physics              |                        |                            |                       |            |                              |
| <b>Maths</b>         |                        |                            |                       |            |                              |
| Mathematical Methods |                        | Mathematical General       |                       |            |                              |

I would like to study the following subject/s:

| Line 1  | Line 2 | Line 3               | Line 4 | Line 5 | Line 6 |
|---|--------|----------------------|--------|--------|--------|
|   |        |                      |        |        |        |
| <b>Maths – please circle your choice of Maths</b> |        |                      |        |        |        |
| Mathematical Methods                              |        | Mathematical General |        |        |        |

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Carer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Year Level Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to Ms Sarah Hoff-Zweck

**Approved /Not Approved**

\_\_\_\_\_  
Head of Senior Campus 7-12