

# YEAR 10, 2024 SUBJECT SELECTION

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

Please select from the following lines:

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

My subject preferences are as follows:

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 Wendy Bowen  
Director of Teaching & Learning 7-12

**Approved** Date: \_\_\_\_\_  
 **Not Approved** Date: \_\_\_\_\_

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