



Please complete the following and return on or before **Tuesday, February 24th**.

Student's Name : _____ **Student's Class :** _____

Please rank the following in order of preference - starting with your most preferred (No. 1) to your least (No. 5).

Art	<input type="text"/>	Technology	<input type="text"/>
Business Studies	<input type="text"/>	Technical Graphics	<input type="text"/>
Continental Language	<input type="text"/>		

Please indicate what language you son is currently doing in 1st Year : _____

Parent / Guardian Signature _____