

Year 9 Lines – 2025

Updated 05/11/2024

Family Name: _____ Given Name: _____ Mentor Group: _____

LINE	Semester 1	Semester 2
1	<input type="checkbox"/> 9 HASS <input type="checkbox"/> 9 Health & PE <input type="checkbox"/> 9 Music <input type="checkbox"/> 9 Science <input type="checkbox"/> 9 Visual Arts	<input type="checkbox"/> 9 Food <input type="checkbox"/> 9 HASS <input type="checkbox"/> 9 Health & PE <input type="checkbox"/> 9 Media Arts <input type="checkbox"/> 9 Science
2	<input type="checkbox"/> 9 English G <input type="checkbox"/> 9 HASS E <input type="checkbox"/> 9 Health & PE <input type="checkbox"/> 9 Media Arts <input type="checkbox"/> 9 Science A	<input type="checkbox"/> 9 Drama <input type="checkbox"/> 9 English G <input type="checkbox"/> 9 HASS <input type="checkbox"/> 9 Health & PE <input type="checkbox"/> 9 Metalwork <input type="checkbox"/> 9 Science
3	<input type="checkbox"/> 9 English E <input type="checkbox"/> 9 HASS A <input type="checkbox"/> 9 Maths A <input type="checkbox"/> 9 Maths E <input type="checkbox"/> 9 Maths G <input type="checkbox"/> 9 Science G	<input type="checkbox"/> 9 English <input type="checkbox"/> 9 HASS <input type="checkbox"/> 9 Maths A <input type="checkbox"/> 9 Maths E <input type="checkbox"/> 9 Maths G <input type="checkbox"/> 9 Science G
4	<input type="checkbox"/> 9 Electronics <input type="checkbox"/> 9 English A <input type="checkbox"/> 9 English E <input type="checkbox"/> 9 Food <input type="checkbox"/> 9 HASS G <input type="checkbox"/> 9 Music	<input type="checkbox"/> 9 Computer Aided Design <input type="checkbox"/> 9 English A <input type="checkbox"/> 9 English E <input type="checkbox"/> 9 HASS G <input type="checkbox"/> 9 Music <input type="checkbox"/> 9 Woodwork
5	<input type="checkbox"/> 9 Australian Rules Football <input type="checkbox"/> 9 Drama <input type="checkbox"/> 9 English A <input type="checkbox"/> 9 English G <input type="checkbox"/> 9 Maths E <input type="checkbox"/> 9 Woodwork	<input type="checkbox"/> 9 Australian Rules Football <input type="checkbox"/> 9 English A <input type="checkbox"/> 9 English G <input type="checkbox"/> 9 Food <input type="checkbox"/> 9 Maths <input type="checkbox"/> 9 Music
6	<input type="checkbox"/> 9 Food <input type="checkbox"/> 9 HASS A <input type="checkbox"/> 9 Maths G <input type="checkbox"/> 9 Science E <input type="checkbox"/> 9 Visual Arts <input type="checkbox"/> 9 Woodwork	<input type="checkbox"/> 9 Food <input type="checkbox"/> 9 HASS <input type="checkbox"/> 9 Health & PE <input type="checkbox"/> 9 Maths G <input type="checkbox"/> 9 Visual Arts
7	<input type="checkbox"/> 9 Food <input type="checkbox"/> 9 Health & PE <input type="checkbox"/> 9 Maths A <input type="checkbox"/> 9 Science <input type="checkbox"/> 9 STEM – F1 in school <input type="checkbox"/> 9 Visual Arts	<input type="checkbox"/> 9 Maths <input type="checkbox"/> 9 Metalwork <input type="checkbox"/> 9 Creative Performance <input type="checkbox"/> 9 Science <input type="checkbox"/> 9 STEM – F1 in School <input type="checkbox"/> 9 Visual Arts

Student Signature: _____ Parent / Caregiver Signature: _____ Date: _____