

FIRST NAME:

SURNAME:

**Select which level of English you would like to study**

English Advanced + Extension 3 Units  <input type="checkbox"/>	English Advanced 2 Units  <input type="checkbox"/>	English Standard 2 Units  <input type="checkbox"/>	English Studies 2 Units  <input type="checkbox"/>
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**Choose 7 other subjects, of which you will be offered at least 5**

**RANK CHOICES from 1<sup>ST</sup> to 7<sup>TH</sup>**

**Write Full Subject Name:** Mathematics Advanced or Mathematics Standard; Industrial Technology – Timber or Industrial Technology - Multimedia)

	HSC Units	ATAR	Work Placement	Project or Major Work	VET or BEC Subject
<b>1<sup>st</sup></b>	2 <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	3 <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
<b>2<sup>nd</sup></b>	2 <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	3 <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
<b>3<sup>rd</sup></b>	2 <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	3 <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
<b>4<sup>th</sup></b>	2 <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	3 <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
<b>5<sup>th</sup></b>	2 <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	3 <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
<b>6<sup>th</sup></b>	2 <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	3 <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
<b>7<sup>th</sup></b>	2 <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	3 <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>

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**PATTERN OF SUBJECT CHOICES  
– ELIGIBILITY TEST FOR AWARD OF HSC**

Student wishes to obtain an ATAR	Yes <input type="checkbox"/> No <input type="checkbox"/>
Selected 3 Board Developed Courses to qualify for HSC certificate	Yes <input type="checkbox"/> No <input type="checkbox"/>
Subjects selected align with intended vocational / job interests	Yes <input type="checkbox"/> No <input type="checkbox"/>
Subjects selected align with tertiary study plans such as TAFE or University	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Future Pathway Plans**

Students intends to continue to study at THS for Year 11	Yes <input type="checkbox"/> No <input type="checkbox"/>
Students intends to leave THS and pursue further education at TAFE Name full time course: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Students intends to transfer to another school for Year 11 Name new School: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Students intends to leave school for full time employment. State Employer: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>

This pathway plan outlines the implications when selecting the stated subjects, when signing this document, the student is aware and satisfied that the selected subject's best meet the student's school to work transition plan.

Student Name	Student Signature	Date

Parent/Carer Name	Parent/Carer Signature	Date

Transition Teacher Name	Transition Teacher Signature	Date