



Destination: Health & Wellness

(Original to SHSM Lead, copy to Guidance and Student)

WODSS Specialist High Skills Major (SHSM) - Registration Form 2025/26

Student: _____ Grade: _____ Date: _____

You will have to complete the course requirements outlined in the table below in order to be granted the SHSM designation on your Ontario Secondary School Diploma.

Please **check off** the courses you have taken and **circle** the ones you plan on taking.

<p>Complete 4 MAJOR courses:</p> <ul style="list-style-type: none"> <input type="checkbox"/> ASM30 - Media Arts <input type="checkbox"/> HFC3E - Food & Culture <input type="checkbox"/> HPW3C - Working With Infants/Children <input type="checkbox"/> HSP3C - Anthro/Psych/Sociology <input type="checkbox"/> IDC3OI - Leadership (SAC) <input type="checkbox"/> NDA3M - First Nations/Métis/Inuit Issues <input type="checkbox"/> PAF30 - Fitness Activities: Live-Fit <input type="checkbox"/> PPL30 - Healthy Active Living <input type="checkbox"/> SBI3C/U - Biology <input type="checkbox"/> SVN3E/M - Environmental Science <input type="checkbox"/> SCH3U - Chemistry <input type="checkbox"/> SPH3U - Physics <input type="checkbox"/> HFA4U - Nutrition & Health <input type="checkbox"/> HFL4E - Food & Healthy Living <input type="checkbox"/> HHG4M - Human Development <input type="checkbox"/> HIP40 - Personal Life Management <input type="checkbox"/> HSB4U - Challenge & Change <input type="checkbox"/> HZT4U - Philosophy <input type="checkbox"/> IDC4O/U - Leadership (SAC)/Yearbook <input type="checkbox"/> NDW4M - Indigenous Peoples Issues <input type="checkbox"/> PLF4M - Leadership Gym <input type="checkbox"/> PPL40 - Healthy Active Living <input type="checkbox"/> PSK4U - Kinesiology <input type="checkbox"/> SBI4U - Biology <input type="checkbox"/> SCH4C/U - Chemistry <input type="checkbox"/> SPH4C/U - Physics <p>*Co-op credits related to the sector may be substituted for 1 or MORE of these 4 credits</p>	<p>Complete 1 Optional course:</p> <ul style="list-style-type: none"> <input type="checkbox"/> BDI3C - <input type="checkbox"/> HFC3E - Food & Culture <input type="checkbox"/> HPW3C - Working With Infants/Children <input type="checkbox"/> HSP3C/U - Anthro/Psych/Sociology <input type="checkbox"/> MEL3E - Math For Everyday Life <input type="checkbox"/> NBE3C/U - English: First Nations <input type="checkbox"/> NDA3M - First Nations/Métis/Inuit Issues <input type="checkbox"/> SBI3C/U - Biology <input type="checkbox"/> ICS3U - Computer Science <input type="checkbox"/> SCH3C/SCH3U - Chemistry <input type="checkbox"/> SPH3C/SPH3U - Physics <input type="checkbox"/> SVN3E/SVN3M - Environmental Science <input type="checkbox"/> GLE40 - Learning Strategies <input type="checkbox"/> HFA4U - Nutrition & Health <input type="checkbox"/> HFL4E - Food & Healthy Living <input type="checkbox"/> HHG4M - Human Development <input type="checkbox"/> HIP40 - Personal Life Management <input type="checkbox"/> HSB4U - Challenge & Change <input type="checkbox"/> ICS4U - Computer Science <input type="checkbox"/> MEL4E - Math For Everyday Life <input type="checkbox"/> NDW4M - Indigenous Peoples Issues <input type="checkbox"/> OLC40 - Ontario Literacy Course <input type="checkbox"/> PSK4U - Kinesiology <input type="checkbox"/> SBI4U - Biology <input type="checkbox"/> SCH4C/U - Chemistry <input type="checkbox"/> SPH4C/U - Physics <p>*ONE co-op related to the sector may be substituted</p>	<p>Also Complete:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1 English credit (Gr.11 or Gr.12) <input type="checkbox"/> 1 Math Credit (Gr.11 or Gr. 12) <input type="checkbox"/> 2 Credit Co-Op Or <input type="checkbox"/> 4 Credit Co-op <p>Specific Pathway (IPP)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Apprenticeship <input type="checkbox"/> College <input type="checkbox"/> Community <input type="checkbox"/> University <input type="checkbox"/> Work <p>Compulsory Certifications(4): CPR, First Aid, WHMIS,</p> <p>Elective Certifications(3): Complete 3 or more certifications *Many embedded in major credits or found on the hub.</p> <p>Experiential Learning/Reach Ahead 2 Free Field Trip</p>
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I, _____ have reviewed the expectations with the SHSM Sector Lead for completing the **SHSM - HEALTH & WELLNESS** program at WODSS. I commit to completing these expectations prior to graduation.

Student Signature

Parent Name

Parent Contact Email