

Course Selection Grade 10

Last Name _____ First Name _____ M.I. _____

Career Academy Choice (check one)

- Teaching Academy
- Health Academy
- Engineering and Technology Academy
- Business Academy
- Arts and Communication and Academy

Diploma Type (check the one you want to achieve)

- Core 40
- Core 40 with Academic Honors
- Core 40 with Technical Honors

<u>Semester 1</u>	<u>Semester 2</u>
English 10	English 10
Math	Math
Science	Science
Health	PE Elective

In the event your elective selections are not available, list **2** alternate selections.

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Courses I need to repeat due to failure or grade improvement. Please indicate semester I, II, or both.

***Please refer to the Curriculum Guide for you options of classes. ***

Student Signature _____ Parent Signature _____

Dear Parent and Student,

Student course registration for the 2010-11 school year is now taking place. Please consider your elective and alternative choices carefully. We will do our best to give you the classes you ask for however we **do not** honor specific teacher requests. If a conflict occurs, you're alternate choices will be given. ***We will NOT make schedule changes after the Master Schedule is complete just because you change your mind.*** Changes will **only** be considered if (1) upgrading a course (2) correct an inappropriate placement or (3) class balancing. ***You may not get the selection you list in the particular semester in which you listed it.***

*****Late Registration materials will be processed last!**