



HIGH SCHOOL SCHEDULING FORM

9<sup>TH</sup> GRADE

To be filled in by student (please print)

Former Jr. High School: \_\_\_\_\_

High School Credits Earned: \_\_\_\_\_

NAME: \_\_\_\_\_  
Last First Middle

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ ALTERNATE PHONE NUMBER: \_\_\_\_\_

SUBJECTS REQUESTED: (check all that apply)

<p><b>ENGLISH:</b></p> <p><input type="checkbox"/> English I</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Honors</li><li><input type="checkbox"/> Gifted</li><li><input type="checkbox"/> Inclusion</li></ul> <p><input type="checkbox"/> Technical Writing</p> <p><b>MATHEMATICS:</b></p> <p><input type="checkbox"/> Algebra I</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Honors</li><li><input type="checkbox"/> Inclusion</li></ul> <p><input type="checkbox"/> Integrated Math I</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Inclusion</li></ul> <p><input type="checkbox"/> Geometry</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Honors</li></ul> <p><b>SCIENCE:</b></p> <p><input type="checkbox"/> Biology</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Honors</li><li><input type="checkbox"/> Gifted</li><li><input type="checkbox"/> Inclusion</li></ul>	<p><b>SOCIAL STUDIES:</b></p> <p><input type="checkbox"/> Civics</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Honors</li></ul> <p><b>PHYSICAL EDUCATION:</b></p> <p><input type="checkbox"/> PE I</p> <p><input type="checkbox"/> JROTC I</p> <p><input type="checkbox"/> Athletic PE I (list sport)</p> <p>_____</p> <p><b>ELECTIVES: (list first choices)</b></p> <p>1. _____</p> <p>2. _____</p> <p><b>ALTERNATE ELECTIVE CHOICES:</b></p> <p>1. _____</p> <p>2. _____</p>	<p><b>HIGH SCHOOL MAJOR (check one)</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> ARTS, A/V TECHNOLOGY AND COMMUNICATION</li><li><input type="checkbox"/> ARCHITECTURE/ CONSTRUCTION</li><li><input type="checkbox"/> BUSINESS MANAGEMENT</li><li><input type="checkbox"/> HEALTH SCIENCES</li><li><input type="checkbox"/> HOSPITALITY &amp; TOURISM</li><li><input type="checkbox"/> HUMAN SERVICES</li><li><input type="checkbox"/> INFORMATION TECH</li><li><input type="checkbox"/> LAW, PUBLIC SAFETY, CORRECTIONS, AND SECURITY</li><li><input type="checkbox"/> MANUFACTURING</li><li><input type="checkbox"/> TRANSPORTATION, DISTRIBUTION, AND LOGISTICS</li></ul>
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Student's Signature

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Parent/Guardian's Signature

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Counselor's Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed