

STUDENT NAME _____

SOPHOMORE REGISTRATION FORM 2010/2011

		SEMESTER 1	SEMESTER 2
ENGLISH YR	1		
MATH YR	2		
SCIENCE YR	3		
P.E./DR.ED. YR	4		
AM. HIST 2 OR 3	5		
	6		
	7		
	8		

ALTERNATE CLASSES IF I CANNOT GET INTO THE CLASSES ABOVE

1 _____	4 _____
2 _____	5 _____
3 _____	6 _____

I WISH TO FOLLOW THE COLLEGE/CAREER SUCCESS SEQUENCE FOR _____

DATE

STUDENT SIGNATURE

I HAVE REVIEWED THE COURSE WORK MY CHILD HAS REQUESTED FOR NEXT SCHOOL YEAR.

PARENT SIGNATURE

IF YOU HAVE QUESTIONS CALL THE GUIDANCE OFFICE 465-4521.

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