

REGISTRATION FORM

Name _____ Student ID Number _____

Grade _____ Birthdate _____ Home Phone _____

Course #	First Semester Course	Course #	Second Semester Course
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE NOTE:

All students must register for a total of twelve credits including Physical Education for the academic school year.

Changes made during the first three days of the semester will be on a seat-available basis only.

Students requesting to take seven or eight courses per semester must have written permission from a parent/guardian and approval from the principal. Forms are available in the Counseling Office.

Student signature

Parent signature

Date

Date