

Skyline High School

School Year 2016-2017

Junior Registration

Are you recommitting to: <input type="checkbox"/> STEM <input type="checkbox"/> VPA
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STUDENT NAME: _____ STUDENT ID: _____

ADDRESS: _____ POSSIBLE CAREER CHOICE: _____

PARENT/GUARDIAN NAME: _____ HOME PHONE: _____

PARENT E-MAIL _____ PARENT WORK PHONE _____ PARENT CELL PHONE _____

BIRTHDATE: _____ STUDENT E-MAIL _____ STUDENT CELL PHONE _____

STUDENTS MUST ENROLL IN ENOUGH CLASSES TO TAKE 6 CREDITS FOR THE SCHOOL YEAR.
COURSE REQUESTS

CORE COURSES: - Core teachers: if student is requesting to move from regular to honors, please initial to acknowledge your approval.	COURSE NUMBER	CREDIT
English A: English 11A AP English Lang A	LA	.5
English B: English 11B AP English Lang B	LA	.5
Math A & B (This class will be selected for you)		1.0
Science A: (See options on Course Selection Sheet)	SC	.5
Science B: (See options on Course Selection Sheet)	SC	.5
Science C (Optional for 1.5 AP classes)	SC	.5
Social Studies A: US/CO Government A AP US Government/Politics A	SS	.5
Social Studies B: US/CO Government B AP US Government/Politics B	SS	.5
ELECTIVE COURSES: YOU MUST FILL IN THE LINES BELOW TO COMPLETE REGISTRATION. FULL-YEAR CLASSES NEED 2 LINES.		
1 st Priority		.5
2 nd Priority		.5
3 rd Priority		.5
4 th Priority		.5
5 th Priority (optional)		.5
6 th Priority (optional)		.5
7 th Priority (optional)		.5
8 th Priority (optional)		.5
LIST 3 ALTERNATE ELECTIVE CLASSES TO BE USED IF THE ABOVE CLASSES CANNOT BE SCHEDULED.		
1 st Priority		.5
2 nd Priority		.5
3 rd Priority		.5

CHECKED BY: _____ SHS COUNSELOR (signed after registration is completed) STUDENT SIGNATURE _____

PARENT SIGNATURE _____ DATE _____

COMMENTS/INFORMATION: You may use the reverse side of this form to write any information that may aid us in giving you the correct courses.