

MEDICAL LAKE HIGH SCHOOL
Requests for 2018-2019 School Year
GRADE 9

****PLEASE TURN THIS FORM INTO THE MIDDLE SCHOOL OFFICE BY APRIL 20TH TO ENSURE YOUR COURSE SELECTIONS!****

 Last Name First Name MI M/F Student Cell Phone #

 Parent/Guardian Name Home Phone # Work Phone # Cell Phone #

1. **English**
 English 9
 Honors English 9 – **(there is summer homework)**

2. **Math**
 Algebra 1
 Geometry

3. **Science**
 Environmental Science
 Aerospace 1 – Science of Flight (JROTC)
 Biology (must be taking Geometry)
 Biology/Animal Science (must be taking Geometry)

4. **PE/Health**

5. **First Choice Elective:** _____

6. **Second Choice Elective:** _____

7. Please rank six (6) electives in order of preference (1-6) in case you are not able to schedule your first choice electives.
All courses are year-long unless indicated.

<p>Sample Schedule</p> <p>1 English _____</p> <p>2 Math _____</p> <p>3 Science _____</p> <p>4 PE/Health _____</p> <p>5 _____</p> <p>6 _____</p>

Elective Choices

Social Studies Elective
 _____ Psychology/Sociology

Foreign Language
 _____ Spanish 1 _____ Spanish 2 _____ French 1

Career and Technical Education
 * Many of these courses count as a fine art (FA) credit OR a CTE

_____ Agricultural Communications/FFA	_____ Introduction to Engineering ALSO Fine Art
_____ Intro to Computer Science	_____ Leadership ALSO Fine Art
_____ Computer Applications	_____ Manufacturing
_____ Digital Design 1 ALSO Fine Art	_____ Modern Day Mechanics
_____ Human Development	_____ Multimedia Production ALSO Fine Art
_____ Industrial Art ALSO Fine Art	_____ Principles of Biomedicine
_____ Intro to Business & Marketing	_____ Sports Medicine
_____ Intro to Culinary	_____ Career Focus/Cardinal Cafe (Student Store)

Fine Arts

_____ Concert Band	_____ Industrial Art ALSO CTE
_____ Digital Design 1 ALSO CTE	_____ Intro to Engineering ALSO CTE
_____ Drama	_____ Multimedia Production ALSO CTE
_____ Jazz Band (Zero Period)	_____ Windborne Choir (Zero Period)

Physical Education (two seasons of a sport or 1 year of band can waive .5 PE credits)

_____ Life Fitness	_____ Drill Team (JROTC) (Zero Period)
_____ Weights	

Have you already taken and passed Washington State History?

Yes No

Course Requests

Please be aware that the classes that you request on this form will be used to create the MLHS Master Schedule. Please thoughtfully consider your choice in classes.

Once the master schedule has been built based on student requests, your schedule will be determined and there is no guarantee that another class will be available to you if you change your mind.

Future Plans

For scheduling purposes please indicate whether or not you will be returning to Medical Lake High School next year.

- I plan on attending Medical Lake High School next year.
- I will not be attending Medical Lake High School next year.
 - I will be moving to a new area.
 - I will be choosing to attend another high school in the area.
 - Other _____

Course Changes

Course changes may be made, with no penalty, five school days into the new semester if the following criteria are met:

- The change is from need, not preference, and does not create a class overload
- The teacher and counselor approve the change

After the first five school days of a semester, students will not be permitted to make class changes.

Appeals must be made in writing to the building administrator and must include acknowledgement from parent, counselor, and teacher.

Please contact your school counselor if you have any questions or concerns.

Lori Wilbanks
565-3274
lwilbanks@mlsd.org



STUDENT SIGNATURE: _____ **DATE:** _____

PARENT SIGNATURE: _____ **DATE:** _____