

VALLIVUE HIGH SCHOOL
2017-2018 Course Registration Instructions – SOPHOMORES

Name _____ Student ID # _____ Grade NEXT Year: 10

✍ If you have failed a class and need to re-take this class, please include this class on your Courses Requested worksheet. Be sure to either print or view your transcript online to ensure scheduling the correct courses.

✍ Most advanced courses require pre-requisites. Please check the courses marked with an asterisk on the reverse side of this sheet. Check the course description in the Course Description Handbook to determine the pre-requisites. If the course requires teacher approval, please see that teacher to get his/her initials on the form prior to registration for the course.

✍ After you and your parents have decided on your courses (you should have completed the worksheet and received any approval needed), have a parent sign the worksheet and hand it in to the counseling office on or before **February 24, 2017**.

✍ The master course schedule and teachers hired are assigned according to student requests. **Therefore, students WILL NOT be allowed to change classes once they've registered except for extenuating circumstances, such as: Medical exemptions, change in marital status, failure in a pre-requisite class, teacher recommendation to move to a more or less advanced class, changes in a student's IEP, master schedule changes which require a student schedule change. Changes will not be made for teacher and/or time of day preferences.**

✍ ALL lines must be completed for a full seven-period day. Include two alternate courses in the event requests cannot be satisfied.

SEMESTER 1		SEMESTER 2	
COURSE CODE	REQUIRED COURSES *Please indicate if requesting Pre-AP level.	COURSE CODE	REQUIRED COURSES *Please indicate if requesting Pre-AP level.
Pre-Loaded	English 10A	Pre-Loaded	English 10B
Pre-Loaded	Biology A	Pre-Loaded	Biology B
Pre-Loaded	US History 10 A	Pre-Loaded	US History 10 B
Pre-Loaded	Geometry A	Pre-Loaded	Geometry B
ELECTIVES		ELECTIVES	
	1.		1.
	2.		2.
	3.		3.
ALTERNATES *If left blank, alternates will be chosen for you.		ALTERNATES *If left blank, alternates will be chosen for you.	
	1.		1.
	2.		2.

Notes to Counselor:

Anticipated Summer School Classes:

Disclaimer: Parent and student signatures are required for confirmation of course choices. The courses chosen are **requests only!** Please choose carefully as schedule changes may not be possible.

Student Signature _____

Date _____

Parent/Guardian Signature _____

Date _____