

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.

If you are electing to take an AP or honors class, please make sure you complete the application and sign the contract. Both the contract and application need to be returned to the counseling center by April 28, 2017.

Future Plans

- 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 _____

Running Start

- I intend on attending Running Start full-time (NO classes at MLHS)
- I intend on attending Running Start part-time and MLHS part-time

Please be aware that if you indicate that you are attending Running Start full-time and you change your mind, YOU WILL HAVE TO REGISTER FOR CLASSES IN AUGUST and will be subject to what is available.

Skills Center

- I intend on enrolling in Skills Center during the AM session* in the _____program.*

* You must meet with your counselor in order to apply for Skills Center.

Course Changes

Course changes may be made, with no penalty, ten 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 ten 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.

Nicole Rippee
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STUDENT SIGNATURE: _____ **DATE:** _____

PARENT SIGNATURE: _____ **DATE:** _____