REGISTRATION FORM

I.D. _____ Name _____ Current Grade _____
(Last) (First)

Address _____ Male _____ Female _____

Parent's Name _____

Home Phone _____ Parent's Work Phone _____

E-mail Address _____ Student's D.O.B _____

Circle type of graduation plan: Foundation w/ Endorsement Distinguished

SEMESTER 1		SEMESTER 2	
Course Name	**Course Number**	**Course Name**	**Course Number**
Alternates		**Alternates**	

(All course names and numbers must be complete with alternates listed.)

Please check your course information booklet. If teacher approval is necessary, have the teacher sign by your selection above. Remember, ALL advanced courses and extracurricular activities MUST have a teacher's signature. Please review the Advanced/AP criteria prior to signing up for a course.

_____ _____

Student Signature Date Parent Signature Date