

# Course Registration

## Sophomore



Name \_\_\_\_\_

Date \_\_\_\_\_

Semester 1			Semester 2		
Subject	Course	Signature*	Subject	Course	Signature*
<b>English</b>	<input type="checkbox"/> English II		<b>English</b>	<input type="checkbox"/> English II	
	<input type="checkbox"/> English II Honors*			<input type="checkbox"/> English II Honors*	
<b>Additional Languages</b>	<input type="checkbox"/> Spanish II		<b>Additional Languages</b>	<input type="checkbox"/> Spanish II	
	<input type="checkbox"/> Spanish III*			<input type="checkbox"/> Spanish III*	
<b>Mathematics</b>	<input type="checkbox"/> Algebra I		<b>Mathematics</b>	<input type="checkbox"/> Algebra I	
	<input type="checkbox"/> Geometry			<input type="checkbox"/> Geometry	
	<input type="checkbox"/> Geometry Honors*			<input type="checkbox"/> Geometry Honors*	
	<input type="checkbox"/> Algebra II			<input type="checkbox"/> Algebra II	
	<input type="checkbox"/> Algebra II Honors*			<input type="checkbox"/> Algebra II Honors*	
	<input type="checkbox"/> Mathematical Applications			<input type="checkbox"/> Mathematical Applications	
<b>Science</b>	<input type="checkbox"/> Environmental Science		<b>Science</b>	<input type="checkbox"/> Environmental Science	
	<input type="checkbox"/> Environmental Science Honors*			<input type="checkbox"/> Environmental Science Honors*	
<b>Humanities</b>	<input type="checkbox"/> World History		<b>Humanities</b>	<input type="checkbox"/> World History	
	<input type="checkbox"/> World History Honors*			<input type="checkbox"/> World History Honors*	
<b>Health</b>	Health		<b>Computers</b>	Computer Technology	
<b>Self-Construction</b>	Communication Application		<b>Self-Construction</b>	Communication Application	
<b>Intercession</b>	Sophomore Intercession		<b>Intercession</b>	Sophomore Intercession	
<b>Electives</b> (choose two and two alternates) <b>Rank 1-4</b>	<input type="checkbox"/> Foundations of Physical Fitness <input type="checkbox"/> Mountain Biking/Rock Climbing** <input type="checkbox"/> Yearbook <input type="checkbox"/> Film Studies <input type="checkbox"/> Team Sports** <input type="checkbox"/> Drama		<b>Electives</b> (choose two and two alternates) <b>Rank 1-4</b>	<input type="checkbox"/> Yearbook <input type="checkbox"/> Drawing, Sculpting, Painting <input type="checkbox"/> Photography <input type="checkbox"/> Team Sports** <input type="checkbox"/> Drama <input type="checkbox"/> Swimming**	

\*\*Minimum enrollment requirements (MER)

Student Signature \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Office use only: Date Received \_\_\_\_\_ Date Processed \_\_\_\_\_