

CONNECT TEACHER _____

STUDENT NAME (LAST, FIRST, MIDDLE) _____

STUDENT DATE OF BIRTH _____

STUDENT PHONE NUMBER _____

FATHER/GUARDIAN'S NAME _____

FATHER'S PHONE NUMBER _____

MOTHER/GUARDIAN'S NAME _____

MOTHER'S PHONE NUMBER _____

STUDENT SUMMER CONTACT NUMBER _____

I would like the opportunity to take an additional course in a blended learning format.

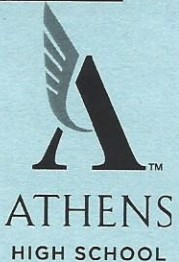
SELECT AN ENDORSEMENT:

Career Endorsement

Honors Endorsement

Instructions

- Please read the Course Selection Guide carefully before you make any decisions.
- Decide which courses you wish to request, and note the course number of these courses.
- You must list **ALL 8** courses you will need to take **PLUS 2** alternates to complete your schedule.
- If you select a 9 week course option, you must pair it with another 9 week course.
- Failure to do this will force AHS administration to select a course for you.



I would like to request a personal meeting with a counselor to discuss my options.

CAREER CLUSTER/PROGRAM :

SUBJECT	COURSE #	COURSE NAME	TEACHER SIGNATURE
English			
Math			
Science			
Social Studies			
Elective			
Elective			
Elective			
Elective			
Elective			
Elective			
Elective			

PARENT SIGNATURE _____

STUDENT SIGNATURE _____