

SHS Sophomore Year Course Request (10th grade)

NAME _____

STUDENT # _____

JUNIOR HIGH _____

CLASS SELECTION			
1	English- Choose one		
<input type="checkbox"/>	IEP Only	Applied English	English Class for students with Applied Language Arts
<input type="checkbox"/>	4080	English 10	Regular English for 10th grade students
<input type="checkbox"/>	4085	English 10 Honors	

2	Math- Choose one		
<input type="checkbox"/>	IEP Only	Applied Math 2	Math class for students with Applied Math
<input type="checkbox"/>	5300	Secondary Math 2	Regular Math class - Majority of sophomores take this class
<input type="checkbox"/>	5300	Secondary Math 2 Essentials	Recommended if you failed 1 or more terms of Math in 9th grade
<input type="checkbox"/>	5400	Secondary Math 3	Math class for students who have already completed Math 2 in 9th grade
<input type="checkbox"/>	5405	Secondary Math 3 Honors	Recommended for students who have already completed Math 2 Honors in 9th grade

3	Core Science- Choose one				
<input type="checkbox"/>	6200	Biology	<input type="checkbox"/>	6400	Chemistry
<input type="checkbox"/>	7145	Biology: Agriculture Science	<input type="checkbox"/>	6500	Physics
<input type="checkbox"/>	6230	AP Biology	<input type="checkbox"/>	6530	AP Physics 1
<input type="checkbox"/>	6330	AP Environmental Science			

4	Social Studies- Choose one				
<input type="checkbox"/>	4540	World History	<input type="checkbox"/>	4591	AP World History

Classes Highly Recommended for Sophomores		
Fit For Life (1030)	Health 2 (1010)	Driver's Ed/Titan Pride (1100/400)

OTHER Credits - Please fill in boxes 5-8 for your Elective and Other Credits					
	Course #	Course Name Semester 1		Course #	Course Name Semester 2
5					
6					
7					
8					

Course #	Alternate Courses - Write in at least 3 Options	Course #	Course #
1		3	
2		4	

Graduation Credit Requirements			
4 English	3 Science	1.5 Fine Arts	8.5 Electives
3 Math	.50 Health	1 Career Technical (CTE)	
2.5 Social Studies	.50 Fit For Life	.50 Digital Studies	
.50 US Government	1 PE	.50 Financial Literacy	

Other Needs/Concerns your counselor should know for this year?

Please check the boxes if applicable	
<input type="checkbox"/>	Student has an IEP (Special Education)
<input type="checkbox"/>	Student has a 504 Plan
<input type="checkbox"/>	My student has a Health Care Plan
<input type="checkbox"/>	ESL (Ingles como segundo idioma)