**St. Thomas More Catholic High School**
2022-2023 **JUNIOR** Schedule Request

**Print and submit with your application**

Student's Name _____
Last First Middle

Home #_____Work #_____ Cell #_____

**Attach recent photo here**

**Please consult the Course Offerings Guide for a description of courses and guidelines for scheduling. For English, Social Studies, Science, and Math, circle the appropriate course name. For 6, 7 and alternate electives, write the name of the course in the appropriate box.**

| Required Courses | | | | School Use Only |
|---|---|---|---|---|
| 1 | 030 Religious Studies III | | | |
| | **College Prep** | **Honors** | **AP** | |
| 2 ENGLISH | 130 English III | 131 English III Honors | 132 AP English III | |
| 3 SOCIAL STUDIES | 210 US History | 211 US History Honors<br>213 US History Dual Enrollment | 232 AP US History | |
| 4 SCIENCE | 330 Chemistry | 331 Chemistry I Honors | | |
| 5 MATH | 430 Algebra II<br>440 Adv Math – Pre Calc | 431 Algebra II Honors<br>441 Pre-Calculus Honors | | |

| | ELECTIVE COURSES<br>For 6 <u>and</u> 7, list 1 full year course or 2 semester courses | ALTERNATE ELECTIVE COURSES<br>List an alternate for *each* elective course |
|---|---|---|
| 6 | | |
| | | |
| 7 | | |
| | | |

**My child and I:**

- Have reviewed and understand STM graduation and TOPS requirements as outlined in the Course Offerings Guide.
- Have completed the tentative four-year plan.
- Will abide by STM guidelines for scheduling and course changes.
- Understand that this schedule request will be processed once my child is registered by the STM bookkeeper.

**Parent Signature**: _____ **Date:** _____

**Student Signature:** _____ **Date:**_____