St. Thomas More Catholic High School — SCHEDULE REQUEST

2024-2025 FRESHMAN

Print and submit with your application

Student's Name _____
Last First Middle

School currently attending_____

Parent/Guardian _____

Home #_____Work #_____ Cell #_____

Attach recent photo here

Please consult the Course Offerings Guide at www.stmcougars.net for a description of courses and guidelines for scheduling.
For English, Science, Math, and World Language, circle the appropriate course name. Circle TWO electives from the choices.

Required Courses			School Use Only
1	010 Religion I		
	College Prep	**Honors**	
2 ENGLISH	110 English I	111 English I Honors	
3 SCIENCE	310 Physical Science	311 Physical Science Honors 321 Biology Honors* *Must be concurrently enrolled in Geometry Honors	
4 MATH	410 Algebra I 420 Geometry* *Requires proof of Algebra I credit	411 Algebra I Honors 421 Geometry Honors* *Requires proof of Algebra I credit	
5 WORLD LANGUAGE	710 French I 720 French II* 750 Spanish I 760 Spanish II* 790 *Latin I – Online Course* * Requires proof of level I credit	721 French II Honors* 761 Spanish II Honors* 731 French III Honors** 743 Vive La France! Honors** *Requires proof of level I credit **Requires proof of level I & II credit	
	Select TWO courses below:		
HEALTH/PE	900/908 Health/PE I Girls 905/909 Health/PE I Boys If you plan on participating in a sport(s), list sport(s) _____		
FINE ARTS	510 Art I 590 Band 587 Beginning Tenor/Bass Chorus 553 Media Arts II (TV Production)	561 Theatre I 592 Percussion 582 Beginning Soprano/Alto Chorus 596 Music Ministry/Applied Music	
SOCIAL STUDIES	200 World Geography	201 World Geography Honors	
ELECTIVE Options	886 The More Way 654 Multimedia	630 Computer Science I* *Requires proof of Algebra I credit	
OTHER (if eligible and recommended)	810 Study Skills (Scheduling Committee approval / required for MORE)		

My child and I:

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

Parent Signature _____ **Date** _____

Student Signature _____ **Date** _____