

Student Name: _____ ID: _____		Student Signature _____ Date _____			
Grade Level/ Cohort: _____		Parent Signature _____ Date _____			
	9 <sup>th</sup> Grade	10 <sup>th</sup> Grade	11 <sup>th</sup> Grade	12 <sup>th</sup> Grade	
Foundation Courses	<input type="checkbox"/> <b>English I</b> <input type="checkbox"/> <b>Algebra I</b> <input type="checkbox"/> Geometry PAP <input type="checkbox"/> <b>Biology</b> PAP <input type="checkbox"/> Human Geography AP <input type="checkbox"/> Spanish I <input type="checkbox"/> Spanish II <input type="checkbox"/> Spanish III PAP <input type="checkbox"/> Spanish DC <input type="checkbox"/> MAPS <input type="checkbox"/> Studio Art 1  <p style="font-size: 10px;">* Bold items indicate courses with an EOC Requirement</p>	<input type="checkbox"/> <b>English II</b> <input type="checkbox"/> <b>English II PAP</b> <input type="checkbox"/> Geometry <input type="checkbox"/> Algebra II PAP <input type="checkbox"/> Chemistry <input type="checkbox"/> Chemistry PAP <input type="checkbox"/> World History <input type="checkbox"/> World History AP <input type="checkbox"/> Spanish II <input type="checkbox"/> Spanish III PAP <input type="checkbox"/> Spanish DC <input type="checkbox"/> Journalism I <input type="checkbox"/> Floral Design <input type="checkbox"/> Studio Art I	<input type="checkbox"/> English III <input type="checkbox"/> English III AP or DC <input type="checkbox"/> Algebra II <input type="checkbox"/> Pre-Calculus PAP <input type="checkbox"/> Physics <input type="checkbox"/> Physics I AP <input type="checkbox"/> <b>US History</b> <input type="checkbox"/> <b>US History AP</b> <input type="checkbox"/> PE	<input type="checkbox"/> English IV <input type="checkbox"/> English IV AP or DC <input type="checkbox"/> Advanced Math/Personal Financial Literacy <input type="checkbox"/> Advanced Science <input type="checkbox"/> Economics/Government <input type="checkbox"/> Electives	
Business and Industry	Architecture	<input type="checkbox"/> Principles of Architecture	<input type="checkbox"/> Architectural Design I	<input type="checkbox"/> Architectural Design II	<input type="checkbox"/> Practicum in Architectural Design

1. Return this form no later than Friday, February 9, 2018
2. Return this form to your Advisory Teacher after it is signed by your parent
3. Advisory Teachers turn in choice sheets after you have collected them from all of your students