



SEAFOORD UNION FREE SCHOOL DISTRICT

Seaford High School

ADVANCED SELF-SELECTION FORM

Student _____ Grade _____

Counselor _____

Course Desired _____

Previous Courses You've Taken in this Department	Grades

*I respectfully request the opportunity to take the above-cited advanced course, although I have not fully met all the prerequisites. I am fully aware of the requirements of this course and I understand the concerns as presented by my guidance counselor at this conference and would still like to register for it. **I also understand that, if I become enrolled in this advanced course and subsequently find it to be too difficult for me, I must consult with my counselor to participate in the "25-Day Procedure" that takes place in the beginning of the school year.***

Reason for Request: Please provide information explaining why you want to go into an advanced class.

Student Signature _____ Parent Signature _____

Counselor Signature _____ Administrator Signature _____

**Families should keep in mind the amount of time available to students to meet the demands of an advanced course in light of their extracurricular and other out-of-school commitments, ensuring that the student plans a schedule that will lead to a successful high school year. Please consult with your child's counselor!*