

Course Request Form

****DUE February 7, 2025****

Please print clearly

Office Use Only:

SLC	Counselor

Student Name: _____ / _____ / _____
Last Name First Name MI

Last School: _____

Parent Phone: _____

Parent Email: _____

DOB: _____/_____/_____
Check if participating in:
 ELD IEP/Sped 504

Do you have a sibling at Heritage? Yes ___ No ___
 Sibling's Name _____ SLC _____
 Sibling's Name _____ SLC _____
 Sibling's Name _____ SLC _____

PLEASE READ ALL DIRECTIONS:

Course 1-3: Required core classes

Course 4: Math may change due to placement data or teacher recommendation

Course 5: Semester elective to pair with Health

Course 6: Study Hall is HIGHLY recommended but you may choose another elective

Course 7-8: Choose your top 2 elective choices, IF you choose a band class please include the desired instrument

Alternates 1-4: Choose 4 backup classes in case all other electives are full

If you are choosing a SEMESTER class, make sure to pair it with another SEMESTER class to fill the year

(These are **requests** only; request **does not guarantee** any course, specific day, period or order of classes)

<i>Required Courses:</i>			Total credits required for high school graduation: 270			
C O U R S E R E Q U E S T F O R M	Semester 1			Semester 2		
	Course #	Course Name		Course #	Course Name	
1	3030	___ English 9				
2	5750	___ PE 9				
3	5020	___ The Living Earth (Life Science)				
4	4576/4571 4630 4670	___ P- Intensified Algebra (2 separate class periods) ___ P- Algebra 1 ___ P- Geometry (Must complete Algebra 1) Teacher Signature required _____ ___ Other _____ Teacher Signature required _____				
5	2700	___ Health				
<i>Electives:</i>						
Semester 1			Semester 2			
Course #	Course Name		Course #	Course Name or Instrument Played for Band		
6	7685	Study Hall-Year Long Highly Recommended or _____				
7						
8						
<i>Alternates: Write in 4. If 4 alternates are not listed, you will be placed in classes where room is available</i>						
1						
2						
3						
4						

APPROVAL: By signing below, you **agree** to remain enrolled in the above requests for the **duration** of the course

_____ / _____ / _____
Student Signature Parent Signature Date