

Course Request Form

SLC	Counselor

****Online & Form Due January 31, 2025****

Please print clearly

Student ID# _____

Student Name: _____, _____, _____ / ____ / ____
Last Name First Name MI Date of Birth

Parent Phone: _____

Parent Email: _____

Check if participating in:

ELD IEP/Sped

504

Please Check Academy Interest:

Public Services Health

Technology Arts and Entrepreneurial

PLEASE READ ALL DIRECTIONS:

Course 1-2: Choose Gen-Ed or AP class

Course 3: Add a Math class, will be confirmed by counselor and/or teacher

Course 4-8: Choose 4 electives, IF you choose a band class please include the desired instrument

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

*IF you need to **repeat** a previous class, write it in for the semester(s) you'd like to take it*

IF choosing a SEMESTER class make sure to pair it with another SEMESTER class to fill the year

SEE BACK OF FORM FOR PREREQUISITES

Enter the same course schedule online in your Aeries Student Portal under "Classes => Course Request Entry"

Return this form SIGNED to your SLC by JANUARY 31st

(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	<u>Semester 1</u>		<u>Semester 2</u>		
	Course #	Course Name			
	1	5280 5290	___ US History ___ AP US History		
	2	3050 3085	___ English 11 ___ AP Eng Lang and Composition		
3		Add Math Class			
R E Q U E S T	<i>Electives:</i>				
	<u>Semester 1</u>		<u>Semester 2</u>		
	Course #	Course Name	Course #	Course Name or Instrument Played for Band Class	
	4				
	5				
	6				
	7				
	8				
F O R M	<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