Heritage High School
2024-2025 Sophomore

# Course Request Form

****Online & Form Due January 29, 2024****

Please print clearly

Office Use Only:

| SLC | Counselor |
|---|---|
| | |

**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:** Choose Gen-Ed or AP class

**Course 2-4:** Required

**Course 5:** Add a Math will be confirmed by counselor and/or teacher **Course 6-8:** Choose 3 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 29TH**

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

COURSE REQUEST FORM

***Required Courses:*** **Total credits required for high school graduation: 270**

| | Semester 1 | | Semester 2 |
|---|---|---|---|
| | **Course #** | **Course Name** | |
| 1 | 5240<br>5270 | ___ World History<br>___ AP World History | |
| 2 | 3040 | ___ English 10 | |
| 3 | 5760 | ___ PE 10 | |
| 4 | 5140 | ___ Chemistry | |
| 5 | | Add Math Class | |

***Electives:***

| | Semester 1 | | Semester 2 | |
|---|---|---|---|---|
| | **Course #** | **Course Name** | **Course #** | **Course Name or Instrument Played for Band Class** |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |

***Alternates:*** ***Write in 4. If 4 alternates are not listed, you will be placed in classes where room is available***

| | | | | |
|---|---|---|---|---|
| 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