CENTRAL DAUPHIN EAST HIGH SCHOOL
2025-2026 COURSE SELECTION FORM
GRADE 10

Name: _____ Student ID #: _____

Students and parents should give careful consideration to course selection in order to eliminate requests for changes. Requests for schedule changes must be made **BEFORE JUNE 1**. Schedules will be mailed home in August and will include details on how to make any necessary changes.

Please note the following:

1. All students must list **at least 7.0** credits (maximum of 8.0 credits).
2. Required courses listed below must have a teacher signature indicating the appropriate level or specific course with the exception of Physical Education or Strength and Conditioning, and Health.

				Teacher Recommendations			
Course Number	**Subject Area**	**Course Name**	**Credit(s)**	**Yes**	**Course Number**	**Subject Area**	**Course Name**
51063 (example)	English	Sophomore CP English	1.0	X		3/11	IR
	English						
	Social Studies						
	Science						
	Mathematics						
	PE						
	Health						
		Total Credits:					

PRIORITY	Elective Alternatives: Name of Course	Course Number
1		
2		
3		
4		

* In the event of a scheduling conflict, students who fail to indicate alternatives may be assigned to electives at the discretion of the administration.

Student Signature: _____ Date: _____