

Freshman Course Selection--Class of 2030

JHS Counselors -circle one

Mrs. Abad Mrs. Johnson
 Mr. Crum Ms. Ruiz
 Mrs. Heard Mrs. Valle
 Mrs. Yeaman

Student Name: _____

Career Interests _____

Seal Options (please circle):

Enrollment/Enrollment +	Employment/Employment +	Enlistment & Service/Enlistment & Service +
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- You will be completing your 9th grade class requests.
- All students should select 7 classes each semester.
- A study hall will serve as your 8th class.
- The computer will process and arrange your course requests.
- Schedules will not be changed to accommodate requests for teachers, lunch periods, time of day, friends, etc.

Required High School Courses Currently Enrolled in or Completed

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	SEMESTER 1	SEMESTER 2	8 th grade Teacher Signature																																
ENGLISH COURSES																																			
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Continue on back →

Completion Of These Courses Is A Requirement For Graduation Starting With The 2029 Cohort.

	<u>Course Code</u>	<u>Course Title</u>	<u>Course Code</u>	<u>Course Title</u>
5	3544_4	Physical Education II (PHYS ED II)	3506_4	Health & Wellness(HLTH&WELL (1) (2)
	4540_4	Personal Financial Responsibility (PRSFINRSP)		
	5394_4	Preparing for College & Careers (PCC)		

ELECTIVE COURSE REQUESTS

6	1 st Choice recommended <u>CTE/LCP Concentrator Elective</u>	1 st Choice recommended <u>CTE/LCP Concentrator Elective</u>
	<i>(write in)</i>	<i>(write in)</i>
7	2 nd Choice Elective	2 nd Choice Elective
	<i>(write in)</i>	<i>(write in)</i>
8	Study Hall	Study Hall

Please write the names of 4 elective courses you would like to take, if there is a conflict with your schedule.

Alternate 1	Alternate 1
Alternate 2	Alternate 2

Indicate A Maximum Of 2 Courses You Might Be Interested In Taking During Summer School 2026. (Optional)

1.	2.
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You will be emailed a list of the courses you have requested in late spring and will have a window of time to request changes. After this window, you will only be allowed to make changes for QUALIFYING REASONS:

- Failure of a course required for graduation
- Failure to meet course prerequisites
- Medical reasons with documentation
- Errors made by the school
- Addition of a required course for graduation
- Changes for students in the GLASS program per TOR
- A level change

Please sign and date below affirming that you have read and understand the **Qualifying Reasons** statement above.

Student Name: _____ Date: _____