

Course Planning Sheet

Name:

Homeroom:

Student ID:

Grade Level:

Courses MUST be selected in SchoolLinks by 2/2.

9th-11th Grade students will meet with counselors 2/4-2/19 in science classes.

RECOMMENDATIONS: To assist students and parents in course selections, each academic teacher recommends courses for the following school year.

****Please view the Course Plan in SchoolLinks to review recommendations. Courses are added by teachers and may not change without a conversation with your School Counselor. The signed Override on the back of this form may be required to change levels.**

YOU WILL INPUT SELECTIONS IN SCHOOLINKS BY FEBRUARY 2nd
(Completed by Student)

# of Period	Semester 1		Semester 2	
	Course Name	Course Number	Course Name	Course Number
1	English		English	
2	Math		Math	
3	Science			
4	Social Studies			
5	Academic Lab/Lunch			
6				
7				
8				

ALTERNATIVE COURSES: The courses below will be considered first in the event of a scheduling conflict.

	Course Name	Course Number
1.		
2.		
3.		
4.		

PE Exemption: Yes No

Summer School: Government Health

Seniors: You may request either Early Release (9400) or Late Arrival (9300). Requests are not a guarantee.

College Credit Plus:

Current CCP Student: Yes No

CCP Application Complete: Yes No

CCP Paperwork Complete: Yes No

WHS courses to replace the CCP courses I requested if I do not qualify or complete my application:

Course Name	Course Number

OVERRIDE of TEACHER RECOMMENDATION:

_____ **Current Course Recommendation (s)**

_____ **Replacement Course (s)**

Recommending Teacher Signature of acknowledgment:

****Overriding into a course is a choice and commitment. Your student is expected to complete this replacement course and recognize that next fall a **level change may not be available.****

AGREEMENT STATEMENT: Our students' course requests will determine the master schedule and course offerings for the upcoming school year. Your signature below indicates you have carefully considered the appropriate school and life balance for your student, and you recognize that requests for schedule changes after the start of the school year will not be honored.

Parent/Guardian Name (Printed) _____

Parent/Guardian Name (Signature) _____