CENTRAL DAUPHIN HIGH SCHOOL

COURSE SELECTION FORM
GRADE 9

Name: _____ Student ID #: _____

Students and parents should consider course selection in order to eliminate requests for changes. 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 and Intro to Web Design.

Course Number	Subject Area	Course Name	Credit(s)	Teacher Recommendations			
				Yes	No	Date	Teacher
51061 (example)	English	Freshman CP English	1.0	X		3/11	JD
	English						
	Social Studies						
	Science						
	Mathematics						
	PE						
	Intro to Web Design						
		Total Credits:					

PRIORITY	Elective Alternatives: Name and Course Number	Teacher Recommendations	* In the event of a scheduling conflict, students who fail to indicate alternatives may be assigned to electives at the discretion of the administration.
1			
2			
3			
4			

This form will be utilized by school faculty to enter student's course selection. Please confirm that all course selection information is correct and completed in its entirety.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____