UTICA HIGH SCHOOL
Course Selection 2027-2028
GRADE 9

CAREER GOAL: _____

Student Phone #: _____

DUE DATE - Students must **input schedule into PowerSchool and turn in completed form to your *Junior High Counselor* by *December 10***. You will meet with your UHS counselor individually the week of *December 14 - 18*.

INSTRUCTIONS to Enter Schedule

- Log into PowerSchool on your school-issued computer (not your phone or tablet)
- Click on Grades / Attendance
- Click on Registration
- Click on PowerSchool Student Portal and Login
- Click Class Registration
- Click the box with the pencil icon for each category
  - Each full year class needs an **A** and a **B** version
  - You must select 6 credit hours and at least 2 alternates credit hours

ENGLISH

☐ English 9 A/B B020A/B
OR
☐ Honors English 9 A/B B030A/B

Did you discuss your English placement with your current English teacher? YES ☐ NO ☐

SOCIAL STUDIES

☐ World History A/B C050A/B
OR
☐ AP World History A/B C051A/BAP

Did you discuss your Social Studies placement with your current Social Studies teacher? YES ☐ NO ☐

SCIENCE

☐ Biology A/B D020A/B

MATH

CURRENT MATH CLASS: _____

☐ Geometry A/B E110A/B
OR
☐ OTHER _____

Did you discuss your math placement with your current math teacher? YES ☐ NO ☐

STUDENT NAME:

_____
Last First MI

ELECTIVES You have 2 hours for electives. See Course Selection Guide *(https://www.uticak12.org/academics-programs/secondary/scheduling-information)* for class name and code. See Curriculum Guides - Course Descriptions *(https://www.uticak12.org/academics-programs/secondary/student-curriculum-guide)*

Course Name	Course Code
• _____	_____
• _____	_____
• _____	_____
• _____	_____

ALTERNATE CHOICES Please realize there is a strong possibility that you may be scheduled into an alternate class. Please choose alternates that you are willing to take.

Course Name	Course Code
• _____	_____
• _____	_____
• _____	_____
• _____	_____

STUDENT AND PARENT / GUARDIAN SIGNATURES REQUIRED

STUDENT: I have carefully reviewed my course selections and alternate choices for attending **Utica High School** during the 2027–2028 school year. I understand that some of my selected courses may not be available if I attend UAIS, MST, CSI, MADE, or UHHS.

PARENT/GUARDIAN: My signature verifies my involvement in this process.

Student Signature: _____

Parent/Guardian Signature: _____

ADVANCED PLACEMENT / ACCELERATED / HONORS COMMITMENT

COMMITMENT: Once schedules are finalized, course selections cannot be altered, and teacher requests will not be accommodated. By choosing to enroll in an Advanced Placement, accelerated, or honors course, students are committing to complete the course for the entire year. All course offerings are subject to change depending on enrollment. By signing below, you acknowledge and agree to the course selections for your student and the scheduling conditions outlined above.

Student Signature: _____

Parent/Guardian Signature: _____

4 YEAR PLAN

Please use the space below to map out the courses you have already taken and your plans for future years.

COURSE	*9th GRADE*	*10th GRADE*	*11th GRADE*	*12th GRADE*	*GRADUATION REQUIREMENTS*
ENGLISH					*English 4.0*
SOCIAL STUDIES					*Social Studies 3.5 (Personal Finance)*
SCIENCE					*Science 3.0*
MATH					*Math 4.0*
WORLD LANG					*World Lang 2.0*
HEALTH/PE					*Health/PE 1.0*
ELECTIVE					*VPAA 1.0*

I HAVE QUESTIONS FOR MY COUNSELOR ABOUT:

- ☐ Course Selection / Career Path
- ☐ Flex Option for 2nd year World Language and/or Physical Education
- ☐ Dual Enrollment
- ☐ Other: _____

COUNSELOR NOTES:

UTICA HIGH SCHOOL

Utica High School Main Office: *(586) 797-2200*

School Website: *https://uticahigh.uticak12.org/?_gl=1*180nzsc*_gcl_au*NzYwOTc3OTQ5LjE3OTM2NDA4ODQ.*

Counseling Department: Counselors are here to assist students and parents with a wide range of questions and concerns. We work with students on academic, scheduling, career, college, personal and social issues.
Students are assigned to counselors ***alphabetically according to the student's last name, grade level, or program***. We look forward to assisting you and your student during the years ahead.

Last Name or Grade Level or Program	**Counselor Name**	**E– Mail**	**Phone**
Utica Health and Human Services Program AVID	Kelly Bronski	Kelly.Bronski@uticak12.org	(586) 797-2366
Last Names: A - G	Shannon Donnellon	Shannon.Donnellon@uticak12.org	(586) 797-2361
Last Names: H – O	Ilene Soto	Ilene.Soto@uticak12.org	(586) 797-2364
Last Names: P – Z	Lindsey Dunn	Lindsey.Dunn@uticak12.org	(586) 797-2369
Counseling Secretary	Stephanie Cole	Stephanie.Cole@uticak12.org	(586) 797-2360