

Sky View High School Registration 2026-2027

Name: _____ Birth Date: _____ Phone Number: _____

Mailing Address: _____

Father/Guardian Name: _____ Home Phone: _____ Cell Phone: _____

Mother/Guardian Name: _____ Home Phone: _____ Cell Phone: _____

Grade 10	
Course Name (Circle One) Make sure you choose 15 classes AND 2 Alternates	
1.	Language Arts 10A
2.	Language Arts 10B / AP Language C (three trimesters)
3.	Biology A / Ag Biology FFA A/ Chemistry A / Physics A / AP Biology A / AP Physics A
4.	Biology B / Ag Biology FFA B / Chemistry B / Physics B / AP Biology B/C / AP Physics B/C
5.	Participation Skills & Tech / Aerobics / Weights A or B or C (for Athletes) / Lifetime Sports
6.	Business Office Spec. / Web Dev / Computer Science Principles or CS 1030 / Computer Programming 1
7.	Secondary Math 2A Honors / Secondary Math 2A
8.	Secondary Math 2B Honors / Secondary Math 2B
9.	Secondary Math 2C / 3A Blocked (Fast Track)
10.	Ancient World History / Modern World History / AP European History A and B (two trimesters)
11.	(Art Classes Recommended)
12.	
13.	
14.	
15.	
1.	(Alternate)
2.	(Alternate)

Class changes will only be made for the following reasons: Incomplete schedules, for classes or teams that require tryouts, and changes that are necessary to meet the requirements of a students' PCCR plan. We suggest that you carefully consider your course selections to ensure placement in classes you prefer.

Signature of Approval: Student _____ Date _____

Parent: _____ Date _____