

Registration Worksheet

Complete the form below with your desired classes.

Bring the completed form to your course selection meeting with the school counselor.

Student name: _____ **ID#:** _____

(Please print)

Grade: _____ **Birth date:** _____

- ◆ Print your planned course selections below.
- ◆ For full year courses write the course title across the entire line.
- ◆ For one semester courses write the course title under the appropriate semester heading.

| Semester 1 Course Name | Semester 2 Course Name |
|------------------------|------------------------|
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Comments: _____

Student signature/Date

Parent/Guardian signature/Date