

SHORECREST HIGH SCHOOL

Registration for 2009-2010

Class of 2010

- Please PRINT legibly, using indelible ink.
- Complete ALL information.
- This form is due from current Shorecrest students on March 12, 2009.

Last Name _____

First Name _____

Home phone - or -

Student's cell phone (_____) _____

(so we can contact you if we have questions about your Registration requests)

Best-guess future plans: 4-yr. college 2-yr. college or voc/tech program

Adult diploma from c.c. Military Job Other _____

THIS IS A FINAL REGISTRATION. Schedules will be established based on your selections, and every effort will be made to meet these requests. If we are not able to meet your first requests, we will use your alternates. If alternates are not listed, or your alternate selections are limited, we will use our best judgment in choosing a class/classes for you based on Shorecrest graduation requirements. **Please use pen, not pencil, to complete this final copy.**

1. Record course selections for both semesters. The computer will schedule semester classes in the semester that best suits your schedule. Year-long courses should be listed once in each column. Don't forget to add your alternates, and any before- or after-school classes.
2. Students who will be in grade 12 in 2009-2010 should sign up for at least 5 classes each semester.
3. Advanced Topics of Health and Fitness may be taken in either 11th or 12th grade. If you completed it in your junior year, enter the title and code of an elective.
4. Current Shorecrest students: Once this form has been filled out in pen and signed, follow the instructions on the lavender sheet to go online and enter your requests. Then circle Y or N to show whether you were able to enter each request. Return the form to the teacher (of the class where you received the form) by Thursday, March 12.

COURSE TITLE	ENTERED?		CODE	COURSE TITLE	ENTERED?		CODE
SENIOR LITERATURE	Y	N	ENG661	SENIOR HISTORY	Y	N	SOC662
SR. CONSUMER ECONOMICS	Y	N	HEC471	(ELECTIVE - or - A. T. OF H & F): ³ _____	Y	N	
(ELECTIVE - or - MATH): _____	Y	N		(ELECTIVE - or - MATH): _____	Y	N	
	Y	N			Y	N	
	Y	N			Y	N	
	Y	N			Y	N	

ALTERNATES: List alternate courses in case the above schedule can't be completed due to scheduling conflicts. **Do not list a course you have listed above. Do not list a course more than once. Understand that one or more of these courses may be placed in your schedule, so do not list courses that you are not willing to take.**

1.	Y	N	
2.	Y	N	
3.	Y	N	
4.	Y	N	

LIST BEFORE-SCHOOL OR AFTER-SCHOOL CLASSES HERE:

	Y	N	
	Y	N	

_____ Date _____
Student Signature

_____ Date _____
Parent Signature *(required)* - please sign **AFTER** student has made selections