

# SHORECREST HIGH SCHOOL

## Registration for 2009-2010

### Generic

- 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, unless you need to attend only 1st semester in order to graduate. If this is the case, put a large "X" through the right-hand set of boxes.
2. See the Registration Code Sheet and the Registration Guide for more information.
3. If you have special requirements, please attach a note listing them.
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
	Y	N			Y	N	
	Y	N			Y	N	
	Y	N			Y	N	
	Y	N			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