

## Sky View High School Registration 2024-2025

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Unlisted

Mailing Address: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

<b>Grade 10</b>	
<b>Course Name (Circle One) Make sure you choose 15 classes AND 2 Alternates</b>	
1.	English 10 Literature
2.	English 10 Writing / AP Language C (three trimesters)
3.	Biology A / Ag Biology FFA A / Chemistry A / Physics A / AP Biology A
4.	Biology B / Ag Biology FFA B / Chemistry B / Physics B / AP Biology B/C (three trimesters)
5.	Participation Skills & Tech / Aerobics / Weights A or B or C
6.	Business Office Spec. / Web Development / Exploring Computer Sci / 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. Students making schedule changes after the designated week for schedule changes will be charged \$20. We suggest that you carefully consider your course selections to ensure placement in classes you prefer.*

Signature of Approval: Student \_\_\_\_\_ Date \_\_\_\_\_

Parent: \_\_\_\_\_ Date \_\_\_\_\_

(Please complete backside of sheet)