

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: _____

Grade 11	
Course Name (Circle One) Make sure you choose 15 classes and 2 Alternates	
1. English 11 Literature	or AP English A
2. English 11 Writing	or AP English B
3. US History A	or AP History A
4. US History B	or AP History B
5.	(AP History C)
6.	(Math)
7.	(Math)
8.	(Science)
9.	(Science)
10.	
11.	
12.	
13.	
14.	
15.	
1.	(Alternate)
2.	(Alternate)

Math 3 Opt Out

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)