

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 12	
Course Name (Circle One) Make sure you choose 15 classes and 2 Alternates	
1.	(English)
2.	(English)
3.	(Financial Lit Option)
4.	(Financial Lit Option)
5.	Government or AP Government (1 Tri) or AP Government A
6.	or AP Government B
7.	or AP Government C
8.	
9.	
10.	
11.	
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)