

## Sky View High School Registration 2021-2022

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	
3. Biology A / Ag Biology A /Ag Biology FFA A/ Earth Science A / Chemistry A / Physics A / AP Biology A	
4. Biology B / Ag Biology B /Ag Biology FFA B / Earth Science B / Chemistry B / Physics B / AP Biology B/C	
5. Participation Skills & Tech / Fitness Aerobics / Fitness–Athletic Weights A or B or C	
6. Business Office Spec. / Web Development / Exploring Computer Science	
7. Secondary Math 2A Honors / Secondary Math 2A	
8. Secondary Math 2B Honors / Secondary Math 2B	
9.	(Drivers Ed)
10.	(Art Classes Recommended)
11.	
12.	
13.	
14.	
15.	
<b>1.</b>	(Alternate)
<b>2.</b>	(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)