

Course Selection Worksheet

Choose six elective courses, 1st being the most important and 6th the least.

Course Name

Course Name

1st Elective:

4th Elective:

2nd Elective:

5th Elective:

3rd Elective:

6th Elective:

Schedule Changes:

Schedule changes must be requested during the first ten school days the semester.

The change is possible and reasonable. Comment on this statement.

Parent Name (printed)

Parent Signature

Date

