

Future **SOPHOMORE**
Course Request Form
for 2020-21
Westwood High School

Print Name _____

Student Number _____

English Teacher _____

My ECAP Goals

Education Plans Comm College/Tech School University Military Other **Career Goal** _____

Check ONE Course per subject area

* indicates required teacher approval

English	<input type="checkbox"/>	EN47 Sophomore English	<input type="checkbox"/>	ELD17 Intro Writing/Grammar 1 ELD 18 Intro English/Reading
*teacher approval	<input type="checkbox"/>	*EN35W Honors Soph English	<input type="checkbox"/>	ELD27 Intro Writing/Grammar 1 ELD28 Intro English/Reading

Math	<input type="checkbox"/>	MA30 Geometry	<input type="checkbox"/>	MA40 Algebra II
*teacher approval	<input type="checkbox"/>	*MA32W Honors Geometry	<input type="checkbox"/>	*MA41W Honors Algebra II
			<input type="checkbox"/>	*MA_____

Science	<input type="checkbox"/>	SC49 Biology	<input type="checkbox"/>	*SC45W Honors Biology
*teacher approval	<input type="checkbox"/>	AG32 Applied Bio Systems	<input type="checkbox"/>	*SC72W Honors Chemistry (DE)
	<input type="checkbox"/>	SC71 Chemistry	<input type="checkbox"/>	*SC46W AP Biology

Social Studies	<input type="checkbox"/>	*SS50W AP World History (regular or elective credit)	<input type="checkbox"/>	*SS67W AP Human Geography (elective credit)
*teacher approval	<input type="checkbox"/>	SS22 World History		

Fall		Spring
<p>Elective Courses - Electives subject to availability and NOT guaranteed. Choose 2 one-semester or 1 full-year course from the electives list. If full year course, write in twice.</p>		<p>_____</p> <p>_____</p> <p>_____</p>

<p>Alternate Courses - used if electives are not available</p>		
<p>_____</p> <p>_____</p>		<p>_____</p> <p>_____</p>

A Period Requested (Optional) Please schedule me for an "A" period **IF A COURSE IS AVAILABLE.**
 Not all classes are available and some schedules will not allow for A.
 6:59 - 8:09 AM/ M T Th F Transportation is NOT provided.

I have read the Course Description Catalog and understand the options for the diploma and courses being selected. I understand that I'm expected to remain in full year courses for the full year. Should I need to drop, I may be required to take the course through MDLP or Summer School.

Student Signature _____ Counselor _____

Parent Signature _____ Date _____