SENIOR REGISTRATION

Name: _____   **Counselor**: _____

Perm ID: _____   **Career Goal**: _____

Check your credit summary on your transcript to ensure you are enrolling in correct classes/credits.

Subject	Course Title :	Course #	Credit
1. English *Yearlong class that takes 2 spots in your schedule for English and Elective credit.	☐ _____ (office use only) ☐ English IV ☐ College Prep Eng. H w/Business Law yearlong* (DE) ☐ College Prep English H (DE) ☐ AP Comp & Literature H ☐ AP Comp & Lit H w/AP Research yearlong*	_____ 10400 10440Y/13507Y 10440 10460 10460Y/18661Y	____ 1 2 1 1 2
2. Social Studies	☐ _____ (office use only) ☐ Economics/Government ☐ AP Macro Economics H/AP US Gov't & Politics H	_____ 13400/13401 13460/13465	____ .5 + .5 = 1 .5 + .5 = 1
3. Math or Elective			
4. Math or Elective			
5. Science or Elective			
6. Elective			
7. Elective or Release Time	***Release Time:** Choose Fall and/or Spring and the hour: 1st or 5th. **Complete the requirement below.**		
8. Elective or Release Time			
Alternates **Choose at least 3.**	**#1**		
	#2		
	#3		

Programs: (if applicable)

Current off-campus classes: ☐ MET ☐ West-MEC ☐ ROTC ☐ Other (program/location/time) _____

Off-campus course planned for **next school year**:   ☐ MET ☐ West-MEC ☐ ROTC ☐ Other (program/location/time) _____

RELEASE TIME APPROVAL

Parents and Students please read and initial the below statements. RT will NOT be granted without this section:

____ ____   SENIORS **MUST** be on track to graduate to be eligible for release time.   _____
Parent Student   **Write # Credits Needed Senior Year**

____ ____   Release time **CAN** negatively affect class rank.
Parent Student

____ ____   Release time **MAY NOT** work in your schedule depending on when classes are offered.
Parent Student

____ ____   Students **MUST** have 3 courses during the Fall semester and 2 during the Spring.
Parent Student

Note: Changes to your ECAP could affect your needed pre-requisites in your Career Pathway.

☐ ***Required:** I understand the 16 core course requirements for in-state universities and am satisfied with my current grades.

_____ _____   _____ _____
Student Signature   **Date**   **Parent/Guardian Signature**   **Date**

Office Use Only: IEP Pre-Selected Courses Reviewed by _____IEP Case Manager & _____Counselor