

SOPHOMORE REGISTRATION/ECAP

Peoria Unified School District #11 Sophomore Educational Career Action Plan (ECAP)

CLASS OF 2019

Name: _____ High School: Centennial High School

Counselor: _____ Career Goal: _____

Post-Secondary Plan: college or university (write name of college), military, trade/work:

Academic History:

Course history and work in progress can be viewed in your StudentVUE.

Total Credits Earned: _____ Cumulative GPA: _____ Class Rank: ____/____

List Courses that apply to your Career Plan:

List Course titles, Circle the grade that applies in the appropriate box:

Course Title	Completed	Taking Now	Plan to Take
	9 10 11 12	9 10 11 12	9 10 11 12
	9 10 11 12	9 10 11 12	9 10 11 12
	9 10 11 12	9 10 11 12	9 10 11 12
	9 10 11 12	9 10 11 12	9 10 11 12
	9 10 11 12	9 10 11 12	9 10 11 12
	9 10 11 12	9 10 11 12	9 10 11 12
	9 10 11 12	9 10 11 12	9 10 11 12
	9 10 11 12	9 10 11 12	9 10 11 12

List Any Extra-Curricular Activities (Clubs and Sports)

Sport/Club Name	Grade(s)	Honors/Recognitions

List Any Honors and Awards Earned During High School

Please continue completing this form on the back.

Fill out what classes you are currently taking or scheduled for. Please complete by referring to your transcript:

Semester 1 Classes (Fall 2016)	Semester 2 Classes (Spring 2017)
1.	1.
2.	2.
3.	3.
4.	4.

Planned Courses/Registration for Junior Year:

You must sign up for 8 credits and 3 alternate credits for junior year

11 th Grade	Course Title	Course #	Credit
English *This class will take 2 spots in your schedule	Choose One: English III	10300	1
	English III H	10340	1
	*English III (yearlong w/Adv. Business Computer Applications)	10341Y + 20210Y	2
	AP English Language and Composition	10560	1
2. Social Studies	Choose One: AZ/US History	13300	1
	AP AZ/US History (APUSH)	13360	1
3. Math or Elective			
4. Math or Elective			
5. Science or Elective			
6. Elective			
7. Elective			
8. Elective			
Alternate #1			
Alternate #2			
Alternate #3			

Are you currently taking a class off- campus? _____
(List program or class and location)

Are you planning on taking a class off- campus? _____
(List program or class and location)

Student Signature

Date

Parent/Guardian Signature

Date