

ROCK BRIDGE HIGH SCHOOL

2012-2013

COURSE SELECTION FORM

SOPHOMORE

(Please PRINT all information in PEN)

Date _____

Last Name

First Name

Last Name	First Name	Middle Name	Student ID#
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Use Student's full LEGAL name

Home Address _____ Phone #1 _____

E-Mail Address _____ Phone #2 _____

Current School	<input type="checkbox"/> Jeff	<input type="checkbox"/> Oakland	<input type="checkbox"/> West	<input type="checkbox"/> Other _____
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To Students and Parents: Please read the following directions and information.

1. All sophomores are required to enroll in 8 blocks of classes (7 classes, 1 Advisory).
2. Attend the February 8 Course Fair at Rock Bridge High School to explore your options.
3. Select courses carefully and, using a pen, write in the correct space. Please include the course number.
4. Listing "Alternatives" in the box is required to help counselors complete your schedule in case you have course conflicts.
5. **Complete your course request on Home Access by February 14.**
6. **Return this form to your junior high school counselor by the due date at your school.**
7. Sophomores who plan to participate in Missouri State High School Activities Association (MSHSAA) activities (athletics, music, quiz bowl, debate, etc.) during the fall of 2012 will need to have earned 3.0 credits the 2nd semester of their 9th grade year and must be enrolled in 3.0 credit-earning classes and advisory the 1st semester of their sophomore year. Sophomores who plan to participate winter semester must have earned 3.0 credits in the 1st semester of their sophomore year and be enrolled in 3.0 credit-earning classes and advisory 2nd semester.

FIRST SEMESTER			SECOND SEMESTER	
	COURSE #	COURSE TITLE	COURSE #	COURSE TITLE
1	0140NC	Sophomore Advisory	0140NC	Sophomore Advisory
2		World Studies – Eng		World Studies – Eng
3		World Studies – Soc. St.		World Studies – Soc. St.
4		Biology		Biology
5		Math		Math

ELECTIVE COURSES – STUDENTS MAY CHOOSE

	COURSE #	COURSE TITLE	COURSE #	COURSE TITLE
6				
7				
8				

ALTERNATIVES (in order of preference). *Be sure to include at least 3 semester and 3 year-long alternatives.*

COURSE #	COURSE TITLE OF YEAR-LONG ALTERNATIVES	COURSE #	COURSE TITLE OF SEMESTER ALTERNATIVES

Student Signature

Parent Signature

- I participate in a MSHSAA activity/sport
 Special Ed Case Manager _____