SOPHOMORE REGISTRATION FORM 2025-2026

LAST NAME **FIRST NAME** **MIDDLE NAME** **BIRTHDATE (MM/DD/YYYY)**

GRADUATION REQUIREMENTS CHECKLIST--44 TOTAL CREDITS REQUIRED

English 8 credits _____
Mathematics 6 credits _____
(Must have: Algebra 1 & a course with Geometry content)
Science 4 credits _____
Social Studies 4 credits ____ (Must have: 1 in Civics, 2 in American History/AP U.S. History)
Health 1 credit _____
Consumer Ed 1 credit _____ (can be substituted with Business Concepts, Agbusiness Management)
Driver Ed _____ (complete the classroom phase)
Music, Art, Foreign Language, or Ag., Ind. Tech., Bus., or FACS:
2 credits _____
***P.E.** 7 credits _____
Technology Skills I 1 credit _____

*Credits may differ due to approved athletic, religious, medical, or academic exemptions

COLLEGE REQUIREMENTS

ENGLISH 8 CREDITS ____
MATH 6 CREDITS ____
(Including Algebra II)
SCIENCE 6 CREDITS ____
SOC. ST. 6 CREDITS ____
**Foreign Language requirements vary by institution

Pass an exam on flag etiquette, the Illinois Constitution and the United States Constitution _____

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All students must enroll in six classes, including P.E. Only one study hall is allowed per semester. Fill in the seven period outline below with your course selections. Required courses are already listed. **THIS IS NOT THE TIME ORDER OF YOUR SCHEDULE!!!**

	FIRST SEMESTER	COURSE #	SECOND SEMESTER	COURSE #
1.	English 10 or Adv Eng 10	_____	English 10 or Adv Eng 10	_____
2.	Health	275	P.E.	263/264
3.	Science _____	_____	Science _____	_____
4.	Math_____	_____	Math_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____

ALTERNATES: <u>ALTERNATE COURSES WILL BE SCHEDULED IF THERE ARE CONFLICTS</u>. You MUST choose four DIFFERENT courses. Please rank in order of interest.

1._____ _____ 2._____ _____

3._____ _____ 4._____ _____

IT IS IMPORTANT THAT YOU CHOOSE COURSES CAREFULLY:

We have read and understand page 16 of the student handbook regarding schedule changes. We have discussed the above course selections, considered teacher/counselor recommendations, and approve**.**

Parent/Guardian Signature _____Student Signature_____
Date: _____Phone # _____

*<u>**DUE DATE: MONDAY, February 24th**</u>*

STUDENTS WILL HAVE AN OPPORTUNITY TO EXAMINE THEIR SCHEDULE IN MAY, NO CHANGES WILL BE MADE FOR THE 25-26 SCHOOL YEAR AFTER THE LAST DAY OF SCHOOL IN MAY