

2021-2022 Casteel High School Registration Worksheet – 12th Grade

Name _____ ID# _____
Last First M.I.

COURSE NAME/NUMBER		Teacher Recommendation	
ENGLISH	<input type="checkbox"/> ENG400A/B ENGLISH 12 <input type="checkbox"/> ENG410A/B COLLEGE PREP ENGLISH 1 & 2 <input type="checkbox"/> ENE315A/B AP ENGLISH LITERATURE & COMPOSITION <input type="checkbox"/> ENG400AEVT/BEVT EVIT ENGLISH 12	<input type="checkbox"/> Agree with student request <input type="checkbox"/> Other recommendation Signature: _____	
MATH	<input type="checkbox"/> MAT340A/B COLLEGE ALGEBRA <i>*PR: Algebra 2</i> <input type="checkbox"/> MAT400A/B PRE-CALCULUS <i>*PR: Algebra 2</i> <input type="checkbox"/> MAT405A/B HON PRE-CALCULUS <i>*PR: Hon. Algebra 2</i> <input type="checkbox"/> MAT430A/B INTRO TO STATISTICS <i>*PR: Algebra 2 or Pre-Calc</i> <input type="checkbox"/> MAT425A/B AP STATISTICS <i>*PR: Algebra 2 or Pre-Calc</i> <input type="checkbox"/> MAT435A/B AP CALCULUS AB <i>*PR: Hon Pre-Calc or Pre-Calc</i> <input type="checkbox"/> MAT445A/B AP CALCULUS BC <i>*PR: Hon Pre-Calc or Calc AB</i> <input type="checkbox"/> MAT475A/B MULTIVARIABLE CALC/DIFF. EQUATIONS <i>*PR: AP Calc BC</i> <input type="checkbox"/> MAT485A/B LINEAR ALGEBRA <i>*PR: AP Calc BC</i>	<input type="checkbox"/> Agree with student request <input type="checkbox"/> Other recommendation Signature: _____	
ECONOMICS	<input type="checkbox"/> SOC420 ECONOMICS <input type="checkbox"/> SOC425 AP MACROECONOMICS	<input type="checkbox"/> Agree with student request <input type="checkbox"/> Other recommendation Signature: _____	
GOVERNMENT	<input type="checkbox"/> SOC400 US/AZ GOVERNMENT <input type="checkbox"/> SOC405 AP US/AZ GOVERNMENT	<input type="checkbox"/> Agree with student request <input type="checkbox"/> Other recommendation Signature: _____	
ELECTIVE #1	1 st SEMESTER _____ 2 nd SEMESTER _____	ALTERNATE #1	1 st SEMESTER _____ 2 nd SEMESTER _____
ELECTIVE #2	1 st SEMESTER _____ 2 nd SEMESTER _____	ALTERNATE #2	1 st SEMESTER _____ 2 nd SEMESTER _____
ELECTIVE #3	1 st SEMESTER _____ 2 nd SEMESTER _____	ALTERNATE #3	1 st SEMESTER _____ 2 nd SEMESTER _____
ADDITIONAL COURSE <input type="checkbox"/> Complete ONLY if you would like a Zero or 7 th period class	If you would like a Zero Hour/7 th Hour class, please list an additional class you would like to take. This class will not necessarily be your Zero Hour. <i>*Zero Hour courses (6:30-7:25a.m. – M-F) and 7th Hour (Marching Band) are offered if enrollment is adequate. Students must provide their own transportation.</i> 1 st SEMESTER _____ 2 nd SEMESTER _____		

*By signing, we acknowledge that we have read the Course Description Catalog and understand any pre-requisites and fees associated with the requested courses.

Student Signature _____ Date _____

Parent Signature _____ Date _____



Use this QR Code to review and choose your elective courses from the CCHS Course Registration & Academic Planning Guide – High School