

## 2021-2022 Casteel High School Registration Worksheet – 10<sup>th</sup> Grade

Name \_\_\_\_\_ ID# \_\_\_\_\_  
 Last First M.I.

COURSE NAME/NUMBER	Teacher Recommendation
<b>ENGLISH</b> <input type="checkbox"/> <b>ENG200A/B</b> ENGLISH 10 <input type="checkbox"/> <b>ENG205A/B</b> HON ENGLISH 10	<input type="checkbox"/> Agree with student request <input type="checkbox"/> Other recommendation  Signature: _____
<b>MATH</b> <input type="checkbox"/> <b>MAT200A/B</b> GEOMETRY <i>*PR: Algebra 1 or Hon Algebra 1</i> <input type="checkbox"/> <b>MAT205A/B</b> HON GEOMETRY <i>*PR: Algebra 1</i> <input type="checkbox"/> <b>MAT300A/B</b> ALGEBRA 2 <i>*PR: Geometry or Hon Geometry</i> <input type="checkbox"/> <b>MAT305A/B</b> HON ALGEBRA 2 <i>*PR: Geometry or Hon Geometry</i> <input type="checkbox"/> <b>MAT405A/B</b> HON PRE-CALCULUS <i>*PR: Hon Algebra 2</i>	<input type="checkbox"/> Agree with student request <input type="checkbox"/> Other recommendation  Signature: _____
<b>SCIENCE</b> <input type="checkbox"/> <b>SCI300A/B</b> CHEMISTRY <input type="checkbox"/> <b>SCI305A/B</b> HON CHEMISTRY <i>*PR: Geometry and Biology</i> <input type="checkbox"/> <b>SCI215A/B</b> AP BIOLOGY <i>*PR: Biology, Concurrent Chemistry</i> <input type="checkbox"/> <b>SCI320A/B</b> ENVIRONMENTAL SCIENCE <i>*PR: Biology</i> <input type="checkbox"/> <b>SCI400A/B</b> PHYSICS <i>*PR: Geometry and Biology</i> <input type="checkbox"/> <b>SCI425A/B</b> AP PHYSICS 1 <i>*PR: Algebra 2 and Biology</i>	<input type="checkbox"/> Agree with student request <input type="checkbox"/> Other recommendation  Signature: _____
<b>HEALTH &amp; ELECTIVE</b> <input type="checkbox"/> <b>PED220</b> COMPREHENSIVE HEALTH <input type="checkbox"/> <b>SEMESTER ELECTIVE</b> _____ <input type="checkbox"/> <b>I plan to take Health On-line</b> <input type="checkbox"/> <b>SEMESTER ELECTIVE</b> _____ <input type="checkbox"/> <b>SEMESTER ELECTIVE</b> _____	<input type="checkbox"/> Agree with student request <input type="checkbox"/> Other recommendation  Signature: _____

<b>ELECTIVE #1</b>	1 <sup>st</sup> SEMESTER _____ 2 <sup>nd</sup> SEMESTER _____	<b>ALTERNATE #1</b>	1 <sup>st</sup> SEMESTER _____ 2 <sup>nd</sup> SEMESTER _____
<b>ELECTIVE #2</b>	1 <sup>st</sup> SEMESTER _____ 2 <sup>nd</sup> SEMESTER _____	<b>ALTERNATE #2</b>	1 <sup>st</sup> SEMESTER _____ 2 <sup>nd</sup> SEMESTER _____

<b>ADDITIONAL COURSE</b> <span style="color: blue;">■</span> Complete ONLY if you would like a Zero or 7 <sup>th</sup> period class	<b>If you would like a Zero Hour/7<sup>th</sup> Hour class, please list an additional class you would like to take. This class will not necessarily be your Zero Hour. *Zero Hour courses (6:30-7:25a.m. – M-F) and 7<sup>th</sup> Hour (Marching Band) are offered if enrollment is adequate. Students must provide their own transportation.</b>  1 <sup>st</sup> SEMESTER _____ 2 <sup>nd</sup> SEMESTER _____
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\*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