

□ SPED □ ELD □ AG/SCI □ PAM □ IB □ AVID

12TH GRADE COURSE SELECTIONS

Last Name (Prin	t) First Name (Print)		Phone Number
PLEASE PRINT CLEARLY AND CAREFULLY COURSE TITLES AND COURSE NUMBERS. TEACHER RECOMMENDATION SIGNATURE NEEDED FOR ALL IB/ADVANCED/ENHANCED, MATH, SCIENCE, MODERN LANGUAGE, YEARBOOK & COMPETITVE PE COURSES (REVIEW COURSE CATALOG FOR COURSES THAT REQUIRE TEACHER SIGNATURES INCLUDING ELECTIVES)			
SUBJECT	COURSE TITLE	COURSE #	TEACHER SIGNATURE
			IF REQUIRED
English			
Social Science			
PE <u>or</u> Elective			
Elective			
Elective			
Elective			
Elective			
Alternate			
Elective			
Alternate			
Elective Alternate			
Elective Alternate			
0 Period or 7 th			
Period Elective			
(OPTIONAL)			
• Be sure to list <i>Elective Alternates</i> ! If you do not list <i>Elective Alternates</i> your counselor will choose for you, which you WILL NOT be able to change.			
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 Any student who is classified as an English Learner will be assigned to a designated ELD course, taking place of one top elective. 			
 Please return this form with student signature, parent signature, and all required teacher signatures to the 			
Tracy High Counselors.			
I have reviewed the course selections listed above. I UNDERSTAND THAT WHEN MY STUDENT'S SCHEDULE IS FINALIZED, IT WILL NOT BE CHANGED.			
Student Signatu	re Date	Parent Signatu	nre Date

DUE DATE: